

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 24, 2000 8:00 am
Secretary of State

05-24-2000 90161 014 ***150.00

DOCUMENT # F99000005195

1. Entity Name

ENVIRONMENTAL INSURANCE SERVICES, INC.

Principal Place of Business Mailing Address

200 CAHABA PARK SOUTH
SUITE 200
BIRMINGHAM, AL 35242

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

63-1010457

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

A0065925

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

JANE H. ROGERS2
1320 NORTH SEMORAN BLVD, SUITE 110
ORLANDO, FL 32807

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE PRESIDENT ☐ Delete
NAME JOHN E. ADAMS
STREET ADDRESS 200 CAHABA PARK SOUTH
CITY - ST - ZIP BIRMINGHAM, AL 35242

TITLE VICE PRESIDENT ☐ Delete
NAME WILLIAM G. TWITTY
STREET ADDRESS 200 CAHABA PARK SOUTH
CITY - ST - ZIP BIRMINGHAM, AL 35242

TITLE SECRETARY ☐ Delete
NAME MOLLY L. PUTNAM
STREET ADDRESS 200 CAHABA PARK SOUTH
CITY - ST - ZIP BIRMINGHAM, AL 35242

TITLE TREASURER ☐ Delete
NAME JOHN E. ADAMS
STREET ADDRESS 200 CAHABA PARK SOUTH
CITY - ST - ZIP BIRMINGHAM, AL 35242

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY - ST - ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ Change ☐ Addition
NAME
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NAME
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CITY - ST - ZIP

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

John E. Adams

JOHN E. ADAMS

4/26/00 205-991-7885

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #