

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 08, 2003 8:00 am
Secretary of State

09-08-2003 90134 013 ***550.00

DOCUMENT # **L38771**

1. Entity Name
MEDICO ENVIRONMENTAL SERVICES, CORP.



Principal Place of Business
**13200 58TH ST. N.
CLEARWATER FL 37760
US**

Mailing Address
**13200 58TH ST. N.
CLEARWATER FL 37760
US**



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 **NOT APPLICABLE**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**GERALD B. HUBBELL
464 JEWEL COURT
LARGO FL 33770**

7. Name and Address of New Registered Agent

Name **Gerald B. Hubbell**
Street Address (P.O. Box Number is Not Acceptable) **464 Jewel Court**
City **Belleair Bluffs** FL Zip Code **33760**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$550.00
After September 10, 2003 Fee will be \$750.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE **PTD** ☐ Delete
NAME **HUBBELL, GERALD B**
STREET ADDRESS **499 N INDIAN ROCKS RD**
CITY-ST-ZIP **BELLEAIR BLUFFS FL**

TITLE **VPD** ☒ Delete
NAME **VAILLANCOURT, ROBIN A**
STREET ADDRESS **420 WILDWOOD WAY**
CITY-ST-ZIP **BELLEAIR FL 33756**

TITLE **TD** ☐ Delete
NAME **HUBBELL, STELLA M**
STREET ADDRESS **499 N INDIAN ROCKS RD**
CITY-ST-ZIP **BELLEAIR BLUFFS FL**

TITLE **VPD** ☒ Delete
NAME **COURTNEY, W. ROY**
STREET ADDRESS **605 BAYVIEW DR.**
CITY-ST-ZIP **BELLEAIR BLUFFS FL**

TITLE **VPD** ☐ Delete
NAME **Gerald C. Hubbell**
STREET ADDRESS **464 Jewel Court**
CITY-ST-ZIP **Belleair Bluffs FL 33770**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. 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

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **Gerald B. Hubbell, President** **9-4-03 532-0099**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Date Daytime Phone #

CR2E034 (4/03)