

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 13, 2000 8:00 am**  
**Secretary of State**  
 05-13-2000 90003 036 \*\*\*150.00

**DOCUMENT # L78213**

1. Entity Name

**R S ENVIRONMENTAL SERVICES, INC.**

Principal Place of Business

100 N.W. 13TH AVE.  
 POMPANO BEACH FL 33069-1906

Mailing Address

1400 N.W. 13TH AVE.  
 POMPANO BEACH FL 33069-1906  
 US

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

1411 NW 13<sup>TH</sup> AVENUE

POMPANO BEACH FL

33069

USA

C0089681



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0204082

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LEVITSKY, MICHAEL  
 1411 NW 13 AVE  
 POMPANO BCH FL 33069

Name

Michael R. Levitsky

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

2100 N. Ocean Blvd., S-D

City

Fort Lauderdale

FL

Zip Code

33305

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

*Michael R. Levitsky*  
 Signature typed or printed name of registered agent and title if applicable.

Michael R. Levitsky President

DATE

4/25/00

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	DVTS	<input checked="" type="checkbox"/> Delete
NAME	LEVITSKY, MICHAEL	
STREET ADDRESS	8016 SW 22ND COURT	
CITY-ST-ZIP	DAVIE FL 33324	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	DPTS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Levitsky, Michael R.	
STREET ADDRESS	2100 N. Ocean Blvd S-D	
CITY-ST-ZIP	Fort Lauderdale, FL 33305	
TITLE	OV	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Feagle, John	
STREET ADDRESS	1411 NW 13th Avenue	
CITY-ST-ZIP	Pompano Beach, FL 33069	
TITLE	DC	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Betts, Nicholas	
STREET ADDRESS	11 Brown Avenue	
CITY-ST-ZIP	Dartmouth, Nova Scotia B3B1X8	
TITLE	DST	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Leverman, Phil	
STREET ADDRESS	11 Brown Avenue	
CITY-ST-ZIP	Dartmouth, Nova Scotia B3B1X8	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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:

*Michael R. Levitsky*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/25/00  
 Date

800-940-6155  
 Daytime Phone #

CR2E034 (9/99)