

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 07, 2001 8:00 am
Secretary of State
 05-07-2001 90024 022 ***150.00

DOCUMENT # L78213

1. Entity Name

R S ENVIRONMENTAL SERVICES, INC.

Principal Place of Business

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

Mailing Address

**1411 NW 13TH AVE
 POMPANO BEACH FL 33069
 US**

2. Principal Place of Business

3. Mailing Address

6600 N.W. 12B Ave.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 205

City & State

City & State

FL. Lauderdale, FL

Zip

Country

33309

Country

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
 2100 N. OCEAN BLVD 5-D
 FORT LAUDERDALE FL 33305**

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, 2001 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 ☐ Delete
 NAME **DPTS**
 STREET ADDRESS **LEVITSKY, MICHAEL**
 CITY-ST-ZIP **2100 N. OCEAN BLVD 5-D
 FORT LAUDERDALE FL 33305**

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

TITLE ☐ Delete
 NAME **DV**
 STREET ADDRESS **FEAGLE, JOHN**
 CITY-ST-ZIP **1411 NW 13TH AVE
 POMPANO BEACH FL 33068**

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

TITLE ☐ Delete
 NAME **DC**
 STREET ADDRESS **BETTS, NICHOLAS**
 CITY-ST-ZIP **11 BROWN AVE
 DARTMOUTH, NOVA SCOTIA B3-B1X8**

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ 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

4/23/01
 Date

954-689-3730
 Daytime Phone #

CR2E034 (10/00)