

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 90449 025 ***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

6600 NW 12TH AVENUE
SUITE 205
FORT LAUDERDALE FL 33309
US



MOORE CR2E034 (11/03)

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

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. 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 \$150.00

After May 1, 2004 Fee will be \$550.00

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

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

TITLE DC ☐ Delete
NAME BETTS, NICHOLAS
STREET ADDRESS 11 BROWN AVE
CITY-ST-ZIP DARTMOUTH, NOVA SCOTIA b3-b1x8

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE DV ☒ Change ☐ Addition
NAME
STREET ADDRESS 6600 NW 12 AVE STE205
CITY-ST-ZIP FT LAUDERDALE FL 33309

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 359 CYPRESS RD
CITY-ST-ZIP OCALA FL 34472

TITLE ☐ Change ☒ Addition
NAME
STREET ADDRESS 11 BROWN AVE
CITY-ST-ZIP DARTMOUTH, NOVA SCOTIA B3B1X8

TITLE ☐ Change ☒ Addition
NAME
STREET ADDRESS 11 BROWN AVE
CITY-ST-ZIP DARTMOUTH NOVA SCOTIA B3B1X8

TITLE ☐ Change ☒ Addition
NAME
STREET ADDRESS 6600 NW 12 Ave STE 205
CITY-ST-ZIP FT LAUDERDALE, FL 33309

TITLE ☐ Change ☒ Addition
NAME
STREET ADDRESS 6600 NW 12 Ave STE 205
CITY-ST-ZIP FT LAUDERDALE, FL 33309

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: *Dale J. Huber*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/04

Date

(954) 684-3730

Daytime Phone #