

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M43339

1. Entity Name

O'BRIEN ENVIRONMENTAL SERVICES, INC.

FILED
May 05, 2000 8:00 am
Secretary of State

05-05-2000 90090 035 ***150.00

Principal Place of Business

651 SE 28TH ST., UNIT 11
MELROSE FL 32666
US

Mailing Address

651 SE 28TH ST., UNIT 11
MELROSE FL 32666-5363
US

2. Principal Place of Business

3051 SR 21

Suite, Apt. #, etc.

Unit 5

3. Mailing Address

3051 SR 21

Suite, Apt. #, etc.

Unit 5

City & State

Melrose, FL

City & State

Melrose, FL

Zip

32666

Country

Zip

32666

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-2755178

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75-Additional
Fee Required

6. Name and Address of Current Registered Agent

O'BRIEN, MICHAEL, W
925 BEVERLY HARBORS DR
LEESBURG FL 34748

7. Name and Address of New Registered Agent

Name

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

3051 State Road 21

Unit 5

City Melrose

FL

Zip Code
32666

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 W. O'Brien, President

April 24, 2000

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
NAME
STREET ADDRESS
CITY-ST-ZIP
STD
O'BRIEN, FLORA S.
925 BEVERLY HARBORS DR
LEESBURG FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PD
O'BRIEN, MICHAEL
925 BEVERLY HARBORS DR
LEESBURG FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☒ Change ☐ Addition
3051 State Road 21, Unit 5
Melrose, FL 32666

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☒ Change ☐ Addition
3051 State Road 21, Unit 5
Melrose, FL 32666

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

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

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

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

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: Flora S. O'Brien, S/T 4/24/2000 (352) 475-5857
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)