

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 22, 2007 8:00 am
Secretary of State

02-22-2007 90018 048 ***150.00

DOCUMENT # M80000

1. Entity Name

UST ENVIRONMENTAL SERVICES, INC.



Principal Place of Business

P.O. BOX 844
LAKELAND FL 33802-0844
US

Mailing Address

P.O. BOX 844
LAKELAND FL 33802-0844
US



2. Principal Place of Business - No P.O. Box #

407 E. Bridgers Avenue

Suite, Apt. #, etc.

Auburndale, FL

City & State

33823

Zip

Country

3. Mailing Address

P. O. Box 366

Suite, Apt. #, etc.

Auburndale, FL

City & State

33823-0366

Zip

Country

1st MOORE

CR2E034 (10/06)

4. FEI Number

59-3082746

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MAYER, CHARLES R
5835 BARTOW RD S
LAKELAND FL 33813

7. Name and Address of New Registered Agent

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, applicable.

(NOTE: Registered Agent signature required when registering)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2007 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	PD	<input type="checkbox"/> Delete
NAME	COLLINS, JOHN W., III	
STREET ADDRESS	505 KATHLEEN RD.	
CITY-STATE-ZIP	LAKELAND FL	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	MAYER, CHARLES R.	
STREET ADDRESS	5835 BARTOW RD. S.	
CITY-STATE-ZIP	LAKELAND FL	
TITLE	TSD	<input type="checkbox"/> Delete
NAME	COLLINS, PATRICIA D.	
STREET ADDRESS	505 KATHLEEN RD.	
CITY-STATE-ZIP	LAKELAND FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	407 E. Bridgers Avenue
CITY-STATE-ZIP	Auburndale, FL 33823
TITLE	VD
NAME	COOMES, JOSEPH D.
STREET ADDRESS	407 E. Bridgers Avenue
CITY-STATE-ZIP	Auburndale, FL 33823
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	407 E. Bridgers Avenue
CITY-STATE-ZIP	Auburndale, FL 33823
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02-14-2007 863 698 9917

Date

Daytime Phone #