

2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 25, 2008 8:00 am
Secretary of State

02-25-2008 90062 038 ***150.00

DOCUMENT # M80000

1. Entity Name

UST ENVIRONMENTAL SERVICES, INC.



Principal Place of Business

407 E BRIDGERS AVENUE
AUBURNDALE FL 33823
US

Mailing Address

P.O. BOX 366
AUBURNDALE FL 33823
US



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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3082746

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

1st MOORE

CR2E034 (10/07)

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

JAGGER, ROBERT ESO
3585 RICHMOND ST
JACKSONVILLE FL 32205

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 reconstituting)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2008 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD ☐ Delete
NAME COLLINS, JOHN W., III
STREET ADDRESS 407 E BRIDGERS AVE
CITY-ST-ZIP AUBURNDALE FL 33823

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

TITLE VD ☐ Delete
NAME COOMES, JOSEPH D
STREET ADDRESS 407 E BRIDGERS AVE
CITY-ST-ZIP AUBURNDALE FL 33823

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

TITLE TSD ☐ Delete
NAME COLLINS, PATRICIA D.
STREET ADDRESS 407 E BRIDGERS AVE
CITY-ST-ZIP AUBURNDALE FL 33823

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VD ☐ Change ☒ Addition
NAME Sager, Andreas m
STREET ADDRESS 407 E. Bridgers ave
CITY-ST-ZIP Auburndale FL 33823

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE TD ☐ Change ☒ Addition
NAME Williams, Christina S.
STREET ADDRESS 407 E. Bridgers ave
CITY-ST-ZIP Auburndale, FL 33823

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

John W Collins J. W. Collins PRESIDENT
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-15-2008

Date

Daytime Phone #