

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 13, 2002 8:00 am
Secretary of State

05-13-2002 90064 041 ***150.00

DOCUMENT # P00000019756

1. Entity Name

ENVIRONMENTAL SAFETY PROFESSIONALS, INC.

Principal Place of Business

**1374 LA QUINTA CT.
WINTER SPRINGS FL 32708**

Mailing Address

**P O BOX 195126
WINTER SPRINGS FL 32719**

2. Principal Place of Business

1149 Citrus Oaks Run

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Winter Springs, FL

City & State

Zip

32708

Country

Sem. no 16

Zip

Country

4. FEI Number

59-3631823

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**KRAMER, PATRICIA J
1374 LA QUINTA CT.
WINTER SPRINGS FL 32708**

7. Name and Address of New Registered Agent

Name

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

1149 Citrus Oaks Run

City

Winter Springs

FL

Zip Code

32708

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 **Patricia J. Kramer**

Signature, typed or printed name of registered agent and title if applicable.

Patricia J. Kramer

(NOTE: Registered Agent signature required when re-registering)

4/23/02

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, 2002 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 **PTD** ☐ Delete
NAME **KRAMER, PATRICIA J**
STREET ADDRESS **1374 LA QUINTA COURT**
CITY-ST-ZIP **WINTER SPRINGS FL 32708**

TITLE **VSD** ☐ Delete
NAME **KRAMER, RONALD L**
STREET ADDRESS **1374 LA QUINTA COURT**
CITY-ST-ZIP **WINTER SPRINGS FL 32708**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PTD** ☒ Change ☐ Addition
NAME **Kramer Patricia J**
STREET ADDRESS **1149 ~~La Quinta~~ Citrus Oaks Run**
CITY-ST-ZIP **Winter Springs FL 32708**

TITLE **VSD** ☒ Change ☐ Addition
NAME **Kramer, Ronald L**
STREET ADDRESS **1149 Citrus Oaks Run**
CITY-ST-ZIP **Winter Springs FL 32708**

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

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

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

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:

Patricia J. Kramer
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)