

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 16, 2002 8:00 am
Secretary of State
 04-16-2002 90173 008 ***150.00

1003908 AT

DOCUMENT # P00000027313

1. Entity Name
SB ENVIRONMENTAL OF FLORIDA, INC.

Principal Place of Business

100 LANDWARD DRIVE
GULF SHORES AL 36542

Mailing Address

100 LANDWARD DRIVE
GULF SHORES AL 36542

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

62-1815792

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

CT CORPORATION SYSTEM
1200 S. PINE ISLAND RD.
PLANTATION FL 33324

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.

SIGNATURE

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)

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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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DP
CLAUNCH, JEFF
19010 FAIRFIELD DRIVE
FAIRHOPE AL 36532

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

D
BLOUNT, WILLIAM
10 COURT SQUARE
MONTGOMERY AL 36104

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DVP
PARRISH, C. DEREK
10 COURT SQUARE
MONTGOMERY AL 36104

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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DST
RICE, L. RUSHTON
10 COURT SQUARE
MONTGOMERY AL 36104

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CITY-ST-ZIP

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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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/5/02

Date

Daytime Phone #

CR2E034 (9/01)