

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 23, 2003 8:00 am
Secretary of State

04-23-2003 90113 004 ***150.00

DOCUMENT # P00000065241

1. Entity Name
OLD SEVILLE WASTE CONSULTING, INC.



Principal Place of Business
**35-D GULF BREEZE PARKWAY
GULF BREEZE FL 32561**

Mailing Address
**35-D GULF BREEZE PARKWAY
GULF BREEZE FL 32561**

00041297



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3657623**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**BOYLES, BRENT L
4152 MADURA FIVE
GULF BREEZE FL 32561**

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 if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 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 | VP | <input type="checkbox"/> Delete |
| NAME | BOYLES, KATHLEEN S | |
| STREET ADDRESS | 4152 MADURA FIVE | |
| CITY-ST-ZIP | GULF BREEZE FL 32561 | |
| TITLE | ST | <input checked="" type="checkbox"/> Delete |
| NAME | BLANTZ, LEANNE T | |
| STREET ADDRESS | 6019 SOMERSET DRIVE | |
| CITY-ST-ZIP | PENSACOLA FL 32561 | |
| TITLE | TODD J. Boyles | <input type="checkbox"/> Delete |
| NAME | 4152 MADURA S | |
| STREET ADDRESS | GULF BREEZE FL 32563 | |
| CITY-ST-ZIP | 19 32563 | |
| TITLE | BRENT L. Boyles | <input type="checkbox"/> Delete |
| NAME | 4152 MADURA S | |
| STREET ADDRESS | GULF BREEZE FL 32563 | |
| CITY-ST-ZIP | 19 32563 | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | |
|----------------|-----------------------|--|
| TITLE | VP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | UP | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | UP | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | Todd J. Boyles | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | President | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

12. 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 10 or Block 11 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

Date

Daytime Phone #

CR2E034 (10/02)