

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 12, 2002 8:00 am
Secretary of State

01-27-2002 90003 049 ***150.00

DOCUMENT # P01000009729

1. Entity Name

FESTA ENVIRONMENTAL, INC.

Principal Place of Business

16560 JOHN MORRIS ROAD
FTV MYERS FL 33908

Mailing Address

16560 JOHN MORRIS ROAD
FTV MYERS FL 33908

2. Principal Place of Business

12455 Summwood Dr

3. Mailing Address

12455 Summwood Dr

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

FT Myers FL

City & State

FT Myers FL

Zip

33908

Country

Zip

33908

Country

Lee

4. FEI Number

65107741

Applied For

Not Applicable

5. Certificate of Status Desired

☐**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

RANDOLPH, MICHAEL D
1619 JACKSON STREET
FT MYERS FL 33901

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.

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) ☐
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

D ☐ Delete
FESTA, JEFFREY
16560 JOHN MORRIS ROAD
FTV MYERS FL 33908
☐ Delete

☐ Delete

☐ Delete

☐ Delete

☐ Delete

☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

Director ☐ Change ☒ Addition
Edward Festa
12455 Summwood Dr
FT Myers FL 33908 ☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

13. I hereby certify that the information provided 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 supplement 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 to an application with all other like empowered.

SIGNATURE:

Signature Required Festa
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)