

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 15, 2002 8:00 am
Secretary of State

05-15-2002 90061 038 ***150.00

DOCUMENT # P01000010728

1. Entity Name

EARTH SERVICES, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
7965 Lantana Road

3. Mailing Address
P. O. Box 540623

Suite, Apt. #, etc.
Lake Worth, FL

Suite, Apt. #, etc.

City & State
LAKE WORTH, FL 33467

City & State
LAKE WORTH FL 33454

4. FEI Number

☒ Applied For
☐ Not Applicable

Zip
33467

Country
USA

Zip
33454

Country
USA

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name
Gary Smigiel, L.C.

Street Address (P.O. Box Number is Not Acceptable)
7965 Lantana Road

City
Lake Worth FL Zip Code
33467

**DO NOT WRITE
IN THIS SPACE**

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) ☐

**January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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 NAME STREET ADDRESS CITY - ST - ZIP	Gary Smigiel, l.c. President P. O. Box 540623 Lake Worth, FL 33467	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	Chris Heine, Secy/Treas P. O. Box 540623 Lake Worth, FL 33454	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Gary Smigiel, L.C. President

Date

Daytime Phone #

CR2E034B (12/01)