

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 30, 2003 8:00 am**  
**Secretary of State**

04-30-2003 90331 045 \*\*\*158.75

**DOCUMENT # P01000114193**

1. Entity Name  
**ENVIRONMENTAL SERVICES OF AMERICA, INC.**



Principal Place of Business  
**2200 NORTH COMMERCE PKWY  
BEACON POINTE II STE 206  
WESTON, FL 33326**

Mailing Address  
**2200 NORTH COMMERCE PKWY  
BEACON POINTE II STE 206  
WESTON, FL 33326**

**11030454**

2. Principal Place of Business  
**3460 W Broward Blvd**  
Suite, Apt. #, etc.

3. Mailing Address  
**3460 W Broward Blvd**  
Suite, Apt. #, etc.



☒ CHECK HERE IF MAKING CHANGES

City & State  
**Ft. Lauderdale, FL**  
Zip  
**33312**  
Country  
**USA**

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**Ft. Lauderdale, FL**  
Zip  
**33312**  
Country  
**USA**

4. FEI Number  
**65-1157476**

Applied For  
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

**ZUCKERMAN, IRA L  
2200 NORTH COMMERCE PKWY  
BEACON POINTE II STE 206  
WESTON, FL 33326**

7. Name and Address of New Registered Agent

Name  
**Patrick Williams**  
Street Address (P.O. Box Number is Not Acceptable)  
**3460 W Broward Blvd**  
City  
**Ft. Lauderdale** **FL** Zip Code  
**33312**

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 DATE **4/28/03**

(NOTE: Registered Agent signature required when resigning)

**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 **D** ☒ Delete  
NAME **ZUCKERMAN, IRA L**  
STREET ADDRESS **2200 NORTH COMMERCE PKWY**  
CITY-ST-ZIP **WESTON, FL 33326**

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☐ Change ☒ Addition  
NAME **Patrick Williams**  
STREET ADDRESS **3460 W Broward Blvd**  
CITY-ST-ZIP **Ft. Lauderdale, FL 33312**

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

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

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TITLE ☐ Change ☐ 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/28/03** **954 587 2315**  
Daytime Phone #

CR2E034 (10/02)