2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

P02000055486 DOCUMENT

1. Entity Name

ADVANCED ECOLOGICAL SOLUTIONS, INC.



FILED Feb 19, 2003 8:00 am Secretary of State

02-19-2003 90022 011 ***158.75

				1					
Principal Place of Business 205 HICKORY DRIVE LONGWOOD FL 32779		Mailing Address 205 HICKORY DRIVE LONGWOOD FL 32779)						
			,					REAL END COMMENT	
2. Principal Place of Business		3. Mailing Address P.O. Dox 915937				Barbi Birah birk bir			
Suite, Apt	t. #, etc.	· · ·	Suite, Apt. #, etc.	<u>x. 1151.</u>	<u>) </u>	☐ CHECK HERE IF MAI	KING CHANGE	S	
City & Sta	ate		City & State	DD F		4. FEI Number 366 654		Applied For	7
Zip		Country	32791	Country	Α	5. Certificate of Status Desired	\$8.75 A Fee Requi		-
	6. Name a	and Address of Current F		<u>, </u>	/ \	7. Name and Address of New Register		ieu	-
				Nar	me		. cu rigoni		1
SCHULT	Z,-CAROLYN	-R			or radios	P.O. Box Number is Not Acceptable)	·		4
205 HICKORY DRIVE				Sile	et Address (r	P.O. Box Number is Not Acceptable)		~	1-
LONGWO	OOD FL 3277	9				-			1
		:		City	, ,		Zíp Co	de	1
8. The above	e named entity	submits this statement for	the purpose of changing	its registered office	ce or registere	ed agent, or both, in the State of Florida. I		and accept	1
the obliga	itions of registe	red agent.		_	-	•		, шта аттор.	
·									
SIGNATURE									
SIGNATURE		r printed name of registered agent an	d title if applicable. (N	OTE: Registered Agent s	signature required	when reinstating)	TE.		
	Signature, typed or	r printed name of registered agent an	d title if applicable. (N	OTE: Registered Agent s	signature required				
F Afte	Signature, typed or FILE NOW!!! or May 1, 2003	FEE IS \$150.00 3 Fee will be \$550.00		IOTE: Registered Agent s	signature required	9. Election Campaign Financing	\$5.	00 May Be	
F Afte Make Checi	Signature, typed or FILE NOW!!! or May 1, 2003	FEE IS \$150.00 Fee will be \$550.00 Florida Department of	State	IOTE: Registered Agent s	signature required		\$5.	00 May Be	
F Afte Make Checi	Signature, typed or FILE NOW!!! or May 1, 2003 k Payable to I	FEE IS \$150.00 3 Fee will be \$550.00	State IRECTORS	IOTE: Registered Agent s	signature required	9. Election Campaign Financing	\$5. □ Adde	ed to Fees	
F After Make Check 10.	Signature, typed or FILE NOW!!! or May 1, 2003 k Payable to	FEE IS \$150.00 3 Fee will be \$550.00 Florida Department of S	State	11. TITLE	Signature required	Election Campaign Financing Trust Fund Contribution.	\$5. □ Adde	ed to Fees	(02)
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F After Make Check 10.	FILE NOW!!! IT May 1, 2003 IN PAYABLE TO I	FEE IS \$150.00 Fee will be \$550.00 Florida Department of S OFFICERS AND D CAROLYN R RY DRIVE	State IRECTORS	11. TITLE NAME STREET ADDRI		Election Campaign Financing Trust Fund Contribution.	\$5. Adde	ed to Fees	034 (10/02)
After Make Check 10. THLE NAME STREET ADDRESS	FILE NOW!!! IT May 1, 2003 IN PAYABLE TO I	FEE IS \$150.00 B Fee will be \$550.00 Florida Department of S OFFICERS AND D CAROLYN R	State PIRECTORS Delete	11. TITLE NAME STREET ADDRI CITY-ST-ZIP		Election Campaign Financing Trust Fund Contribution.	□ \$5. Adde AND DIRECTOR □ Change	ed to Fees RS IN 11 Addition	RE034 (10/02)
After Make Check 10. TITLE NAME STREET ADDRESS CITY-ST-ZIP	FILE NOW!!! IT May 1, 2003 IN PAYABLE TO I	FEE IS \$150.00 Fee will be \$550.00 Florida Department of S OFFICERS AND D CAROLYN R RY DRIVE	State IRECTORS	11. TITLE NAME STREET ADDRI CITY-ST-ZIP TITLE		Election Campaign Financing Trust Fund Contribution.	\$5. Adde	ed to Fees	CR2E034 (10/02)
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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 CARDLAN R. SCHULT.

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRIN ED NAME OF SIGNING OFFICER OR DIRECTOR

☐ Delete

☐ Change

Addition