

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 30, 2003 8:00 am
Secretary of State

01-30-2003 90102 041 ***150.00

DOCUMENT # P02000056262

1. Entity Name
EARTH SOLUTIONS, INC.



Principal Place of Business
**4851 GODFREY RD
POMPANO BEACH FL 33067**

Mailing Address
**4851 GODFREY RD
POMPANO BEACH FL 33067**



2. Principal Place of Business

5610 Pine Tree Road

Suite, Apt. #, etc.

3. Mailing Address

5610 Pine Tree Road

Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State

Coral Springs FL

Zip

33067

Country

City & State

Coral Springs FL

Zip

33067

Country

4. FEI Number

81-0553508

Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**LAPIERRE, ALEXANDRE E
4851 GODFREY RD
POMPANO BEACH FL 33067**

7. Name and Address of New Registered Agent

Name

Brian Allen

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

5610 Pine Tree Road

City

Coral Springs

FL

Zip Code

33067

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 **Brian Allen BRIAN ALLEN**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

1-27-03

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☒ Delete
NAME **LAPIERRE, ALEXANDRE E**
STREET ADDRESS **2420 NW 68 TERR**
CITY-ST-ZIP **MARGATE FL 33063**

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

TITLE **V** ☐ Delete
NAME **ALLEN, BRIAN**
STREET ADDRESS **5610 PINE TREE RD**
CITY-ST-ZIP **POMPANO BEACH FL 33067**

TITLE **P** ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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: **BRIAN ALLEN**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-27-03

DATE

954

346-9466

Daytime Phone #

CR2E034 (10/02)