

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P27127

1. Entity Name

ENVIRONMENTAL CONSULTANTS INTERNATIONAL, INC.

FILED

May 31, 2000 8:00 am
Secretary of State

05-31-2000 90035 046 ***550.00

Principal Place of Business

Mailing Address

420 MAIN ST.
WALPOLE MA 02081

420 MAIN ST.
WALPOLE MA 02081-3753

2. Principal Place of Business

3. Mailing Address

6821 Vista Parkway N
Suite, Apt. #, etc.

964 Dogwood Drive
Suite, Apt. #, etc.

City & State

City & State

West Palm Beach

Delray Beach

Zip

Country

Zip

Country

33411

33483

PB

4. FEI Number

04-2723792

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYS STREET
SUITE 105
TALLAHASSEE FL 32301

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, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution.

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\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	MERCADANTE, S. JOSEPH	
STREET ADDRESS	871 GLOUCESTER STREET	
CITY-ST-ZIP	BOCA RATON FL 33487	
TITLE	STD	<input checked="" type="checkbox"/> Delete
NAME	MERCADANTE, JANICE	
STREET ADDRESS	871 GLOUCESTER STREET	
CITY-ST-ZIP	BOCA RATON FL 33487	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Michael Mercadante	
STREET ADDRESS	3548 S. Ocean Blvd.	
CITY-ST-ZIP	S. Palm Beach, FL 33480	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	TD Janice Mercadante	
NAME	964 Dogwood Drive	
STREET ADDRESS	Del Ray Beach, FL 33483	
CITY-ST-ZIP		
TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Joseph P. Mercadante	
STREET ADDRESS	39 Lawrence Street	
CITY-ST-ZIP	Framingham, MA 01702	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Melissa Mercadante	
STREET ADDRESS	964 Dogwood Drive	
CITY-ST-ZIP	Del Ray Beach, FL 33483	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Michael Mercadante
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

2/5/00

Daytime Phone #

X 561 6875300

CR2E034 (9/99)