

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P93000028853**

1. Entity Name

ENVIRONMENTAL MITIGATION SERVICES, INC.**FILED****Jan 26, 2000 8:00 am**
Secretary of State

01-26-2000 90200 007 ***158.75

Principal Place of Business

3333 W ATLANTIC BLVD
SUITE 22
POMPANO BEACH FL 33069
US

Mailing Address

3333 W ATLANTIC BLVD
SUITE 22
POMPANO BEACH FL 33069-2553
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **65-0406680**

Applied For

Not Applicable

5. Certificate of Status Desired

☒ **\$8.75 Additional
Fee Required****6. Name and Address of Current Registered Agent****RISKIN, STAN L ESQ.**
499 NW 70 AVE.
PLANTATION FL 33317**7. Name and Address of New Registered Agent**

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 State10. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00 May Be
Added to Fees****11. OFFICERS AND DIRECTORS**

TITLE	P	☐ Delete
NAME	RYNIEC, MICHELE	
STREET ADDRESS	291 NW 42ND AVENUE	
CITY-ST-ZIP	COCONUT CREEK FL	
TITLE	T	☐ Delete
NAME	BRIDGES, VAN	
STREET ADDRESS	11114 DELTA CIRCLE	
CITY-ST-ZIP	BOCA RATON FL	
TITLE	S	☐ Delete
NAME	WORBOYS, ROGER	
STREET ADDRESS	291 NW 42ND AVE	
CITY-ST-ZIP	COCONUT CREEK FL	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #