

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000029575

1. Entity Name

ENVIRONMENTAL TACTICS, INC.

FILED
Apr 07, 2000 8:00 am
Secretary of State

04-07-2000 90042 038 ***150.00

Principal Place of Business

Mailing Address

1865 OVERSEAS HWY.
MARATHON FL 33050
US

P O BOX 504461
MARATHON FL 33050-4461
US

2. Principal Place of Business

3. Mailing Address

127 Industrial Rd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite C

City & State

City & State

Big Pine Key, FL

Zip
33043

Country

USA

Zip

Country

4. FEI Number

65-0485352

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

LARKIN, JOHN V.
3762 PARK AVENUE
PORT PINE HIEGHTS
BIG PINE KEY FL 33043

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. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE VP ☐ Delete
NAME LARKIN, MELANIE J.
STREET ADDRESS PO BOX 38 N/A
CITY-ST-ZIP BIG PINE KEY FL 33043

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

TITLE PD ☐ Delete
NAME LARKIN, JOHN V.
STREET ADDRESS PO BOX 38 N/A
CITY-ST-ZIP BIG PINE KEY FL 33043

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

John V. Larkin Reg. & Director 305-872-1444

CR2E034 (9/99)