## 2000 UNIFORM BUSINESS REPORT (UBR) FILED DOCUMENT # P93000039741 Jan 31, 2000 8:00 am 1. Entity Name ENVIRONMENTAL SECURITY, INC. **Secretary of State** 01-31-2000 90006 034 \*\*\*150.00 Mailing Address Principal Place of Business 440 CAPITAL CIRCLE NW **≅ SHARON LN** TALLAHASSEE FL 32304-9222 \_\_\_\_\_A FL 32534 2. Principal Place of Business 3. Mailing Address 1600 Governors Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State 4. FEI Number 59-3190886 Not Applicable \$8.75 Additional --- -· Country Zip 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent Name and Address of Current Registered Agent onnel CONNELL, DIANE Street Address (P.O. Box Number is Not Acceptable) 5001 LAKEFRONT DR 1-3 ennessee TALLAHASSEE FL 32303 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 (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so: After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) П Make Check Payable to Department of State OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE ☐ Delete TITLE DOYLE, JOSEPH M. S NAME governors DR # 1214 NAME 2985 TETON TR. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP TALLAHASSEE FL CITY-ST-7IP ensacola □ Delete TITLE TITLE DOYLE, WILHELMINA H. governors Dr = 1214 NAME 2985 TETON TRAIL STREET ADDRESS STREET ADDRESS <u>-FL-=32534</u> CITY-ST-ZIP TALLAHASSEE FL CITY-ST-ZIP M. Jr Change Delete TITLE DOYLE, JOSEPH M 600 governors DR # 1214 NAME 29855 TETON TRAIL STREET ADDRESS STREET ADDRESS TALLAHASSEE FL 32303 CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Change ☐ Delete TITLE TITLE NAME STREET ADDRESS SIRRER ADDRESS CITY-ST-ZIP III. 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 address, with all other like empowered.

SIGNATURE:

SUMMATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/15/00 (850) 562-8053

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