

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000039741

Entity Name
ENVIRONMENTAL SECURITY, INC.

Principal Place of Business
1600 GOVERNORS DR
1214
PENSACOLA FL 32534
US

Mailing Address
1600 GOVERNORS DR
1214
PENSACOLA FL 32534
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 59-3190886

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

CONNELL, DIANE
1138 E TENNESSEE ST
I-3
TALLAHASSEE FL 32308

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 *Diana Connell* Diana Connell

10/22/01

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 \$550.00
After September 12, 2001 Fee will be \$750.00
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 P
NAME DOYLE, JOSEPH M. S
STREET ADDRESS 1600 GOVERNORS DR 1214
CITY-ST-ZIP PENSACOLA FL 32534 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
300004688109--1
-11/20/01--01004--010
****750.00 ****750.00 ☐ Change ☐ Addition

TITLE ST
NAME DOYLE, WILHELMINA H.
STREET ADDRESS 1600 GOVERNORS DR 1214
CITY-ST-ZIP PENSACOLA FL 32534 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
REINSTATEMENT 2001 ☐ Change ☐ Addition

TITLE VP
NAME DOYLE, JOSEPH M
STREET ADDRESS 1600 GOVERNORS DR 1214
CITY-ST-ZIP PENSACOLA FL 32534 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Delete

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

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: *Joseph M. Doyle Jr* Joseph M. Doyle Jr 10/4/01 850-435-0545

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

011181 AT

FILED

01 OCT 25 AM 11:44

SECRETARY OF STATE
TALLAHASSEE FLORIDA



DO NOT WRITE IN THIS SPACE

CR2E034 (5/01)