

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000060291

1. Entity Name

BBJ ENVIRONMENTAL SOLUTIONS, INC.

FILED

May 08, 2000 8:00 am
Secretary of State

05-08-2000 90064 015 ***150.00

Principal Place of Business

6802 CITICORP BLVD.
SUITE 500
TAMPA FL 33619
US

Mailing Address

6802 CITICORP BLVD.
SUITE 500
TAMPA FL 33619-1169
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

59-3199461

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

BAKER, ROBERT G
6802 CITICORP BLVD
SUITE 500
TAMPA FL 33619

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	CD	<input type="checkbox"/> Delete
NAME	BAKER, ROBERT G	
STREET ADDRESS	408 14TH STREET, S.W.	
CITY-ST-ZIP	RUSKIN FL	
TITLE	PTD	<input type="checkbox"/> Delete
NAME	SCHINELLA, JERRY V	
STREET ADDRESS	2053 SHADOW PINE DRIVE	
CITY-ST-ZIP	BRANDON FL	
TITLE	VPD	<input checked="" type="checkbox"/> Delete
NAME	BLACK, JERRY A	
STREET ADDRESS	5259 MILL STREAM DRIVE	
CITY-ST-ZIP	ST. CLOUD FL	
TITLE	VPSD	<input type="checkbox"/> Delete
NAME	GORDON, MICHAEL J.	
STREET ADDRESS	2880 CHELSE PLACE NORTH	
CITY-ST-ZIP	CLEARWATER FL 34619	
TITLE	D	<input type="checkbox"/> Delete
NAME	BLACK, ROBERT H	
STREET ADDRESS	11737 CENTRAL PKWY	
CITY-ST-ZIP	JACKSONVILLE FL 32224	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	PT/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Jerry V Schinella	
STREET ADDRESS	3416 Sylvan Shadow St	
CITY-ST-ZIP	VALICO, FL 33594	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/18/00 813-622-8550

Date

Daytime Phone #