2001 UNIFORM BUSINESS REPORT (UBR)

FILED Jan 30, 2001 8:00 am Secretary of State DOCUMENT # P93000076844 BIG BEND ENVIRONMENTAL SERVICES, INC. 01-30-2001 90055 026 ***150.00 Mailing Address Principal Place of Business P. O. BOX 14678 1118 STUCKEY AVENUE TALLAHASSEE FL 32317-4678 TALLAHASSEE FL 32310 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE = Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 59-3213948 Not Applicable \$8.75 Additional Zip Country Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name WATTS, TOMMY F Street Address (P.O. Box Number is Not Acceptable) 1118 STUCKEY AVENUE TALLAHASSEE FL 32310 Zip Code City FL 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. DATE (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, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) П Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Addition ☐ Delete Change TITLE TITLE NAME TOMMY F WATTS NAME STREET ADDRESS STREET ADDRESS 1118 STUCKEY AVENUE CITY-ST-ZIP CITY-ST-ZIP TALLAHASSEE FL 32310 ☐ Change Addition TITLE TITLE WOODARD, ROBERT G NAME NAME STREET ADDRESS STREET ADDRESS 1118 STUCKEY AVENUE CITY-ST-ZIP CITY-ST-ZIP TALLAHASSEE FL 32310 ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP □ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Acception stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information triature shall have the same legal effect as if made under oath; that I am an officer or director equired by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if 13. I hereby certify that the information supplied with this filing does not qualify for trindicated on this report or supplemental report is true and accurate and that not be a supplemental report is true and accurate and that not be a supplemental report is true and accurate and that not be a supplemental report is true and accurate and that not be a supplemental report is true and accurate and that not be a supplemental report is true and accurate and that not be a supplemental report is true and accurate and the supplemental report is true and the supplemental report is true and accurate and the supplemental report is true and the supplemental repo indicated on this report or supplemental of the corporation or the receiver or trust changed, or on an attachment with an accument with a supplemental with a s SIGNATURE: SIGNATURE AND TY ED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone