

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 09, 2002 8:00 am
Secretary of State
 05-09-2002 90029 009 ***150.00

DOCUMENT # P95000076851

1. Entity Name
EQL ENVIRONMENTAL SERVICES, INC.

Principal Place of Business
13790 NW 4TH ST., STE 113
SUNRISE FL 33325

Mailing Address
13790 NW 4TH ST., STE 113
STE 4900
SUNRISE FL 33325

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 **65-0616421**

Applied For

Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

GRAGG, K. LAWRENCE
200 S BISCAYNE BLVD., STE 4900
MIAMI FL 33131

7. Name and Address of New Registered Agent

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, 2002 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

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	AHERN, PATRICK M	
STREET ADDRESS	2 GREENWICH PLAZA	
CITY-ST-ZIP	GREENWICH CT 06830	
TITLE	VD	<input type="checkbox"/> Delete
NAME	GIBLIN JR, E.M.	
STREET ADDRESS	13790 NW 4TH ST., STE 113	
CITY-ST-ZIP	SUNRISE FL 33325	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	WILCOX II, R. JOHN	
STREET ADDRESS	2 GREENWICH PLAZA	
CITY-ST-ZIP	GREENWICH CT 06830	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	WILCOX, ROBERT J.	
STREET ADDRESS	2 GREENWICH PLAZA	
CITY-ST-ZIP	GREENWICH CT 06830	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	MILLER, ANDREA	
STREET ADDRESS	13790 NW 4TH ST., STE 113	
CITY-ST-ZIP	SUNRISE FL 33325	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	WESTERDAHL, HOWARD	
STREET ADDRESS	2601 S. BAYSHORE DR.	
CITY-ST-ZIP	MIAMI FL 33133	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	P/T/S/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Giblin, E.M., Jr.	
STREET ADDRESS	13790 NW 4th Street, ste 113	
CITY-ST-ZIP	Sunrise, FL 33325	
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

E.M. Giblin, Jr. 4/29/02 (954) 838-7100

Date

Daytime Phone #

CR2E034 (9/01)