

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED****Feb 13, 2001 8:00 am  
Secretary of State**

02-13-2001 90589 034 \*\*\*158.75

**DOCUMENT # P96000012838**

1. Entity Name

**ENVIRONMENTAL SOLUTIONS & TECHNOLOGY, INC.**

Principal Place of Business

Mailing Address

2325 WEST BROADWAY  
SUITE A  
IDAHO FALLS ID 834022325 WEST BROADWAY  
SUITE A  
IDAHO FALLS ID 83402

UUU16001



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

591 PARK AVENUE

591 PARK AVENUE

Suite Apt. #, etc.

Suite Apt. #, etc.

303

303

City &amp; State

City &amp; State

Idaho Falls, ID

Idaho Falls, ID

Zip  
83402

Country

Zip  
83402

Country

4. FEI Number 59-3367680

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

LINDSEY, SCOTT WM  
1407 PIEDMONT DRIVE EAST  
TALLAHASSEE FL 32312

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.

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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, 2001 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 PD ☐ Delete  
NAME GAUDIO, CRAIG THOMAS  
STREET ADDRESS 2325 W. BROADWAY, STE A.  
CITY-ST-ZIP IDAHO FALLS ID 83402TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE V ☐ Delete  
NAME DIGIACOMO, THOMAS  
STREET ADDRESS 1546-1 METROPOLITAN-BLVD  
CITY-ST-ZIP TALLAHASSEE FL 32301TITLE V.D. ☒ Change ☐ Addition  
NAME DIGIACOMO, THOMAS  
STREET ADDRESS 1546-1 METROPOLITAN BLVD  
CITY-ST-ZIP TALLAHASSEE, FL 32301TITLE D ☐ Delete  
NAME REED, E. DIANE  
STREET ADDRESS R.D. 3  
CITY-ST-ZIP KUTZTOWN PA 19605TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE D ☐ Delete  
NAME WARREN, MORGAN  
STREET ADDRESS 232 ARLINGTON STREET  
CITY-ST-ZIP AUCTION MA 01742TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Change ☐ 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, without other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CRAIG T. GAUDIO

1/23/01 (208) 528-0500  
Date Daytime Phone #

CR2E034 (10/00)