

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

May 04, 2001 8:00 am
Secretary of State

05-04-2001 90136 047 ***158.75

DOCUMENT # P96000013676

1. Entity Name

APS ENVIRONMENTAL ASSOCIATES, INC.

Principal Place of Business

**3446 S.W. ARMELLINI AVE.
PALM CITY FL 34991**

Mailing Address

**P.O. BOX 678
PALM CITY FL 34991**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Post Office Box 518

Suite, Apt. #, etc.

City & State

Indiantown, FL

Zip

34956

Country

USA

4. FEI Number

65-0639582

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

**NICHOLASON, JOHN J.
3446 SW ARMELLINI AVE
PALM CITY FL 34990**

Name

Robert M. Post, Jr.

Street Address (P.O. Box Number is Not Acceptable)

16001 S.W. Market Street

City

Indiantown

FL

Zip Code
34956

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 **Robert M. Post, Jr.**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

04/27/01

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 **SCHWARZ, JAMES K.**
STREET ADDRESS **4437 SW CHEROKEE ST**
CITY-ST-ZIP **PALM CITY FL**

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

TITLE **STD** ☐ Delete
NAME **ARMELLINIA, RICHARD**
STREET ADDRESS **2453 PROVENCE CIR**
CITY-ST-ZIP **WESTON FL 33327**

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

TITLE **D** ☐ Delete
NAME **POST, ROBERT M. JR.**
STREET ADDRESS **61 SE HARBOR POINT DR**
CITY-ST-ZIP **STUART FL**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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CITY-ST-ZIP

TITLE ☐ 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, with all other like empowered.

SIGNATURE:

RICHARD ARMELLINI, Sec-Treas.

Date

Daytime Phone

4-17-01 561-287-0575
X 1851

CR2E034 (10/00)