

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 17, 2003 8:00 am
Secretary of State

04-17-2003 90638 048 ***150.00

0580/31 15/0390

DOCUMENT # P96000014085

1. Entity Name

ENVIRONMENTAL PLACEMENTS, INC.



Principal Place of Business

**521 S PAULA DRIVE
DUNEDIN FL 34698**

Mailing Address

**914 CURLEW ROAD
329
DUNEDIN FL 34698**

2. Principal Place of Business

2700 Bayshore Blvd

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

526

City & State

Dunedin FL

City & State

Zip

34698

Country

USA

Zip

Country

4. FEI Number

65-0653857

Applied For

Not Applicable

5. Certificate of Status Desired

☐ **\$8.75 Additional Fee Required**

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**CANNON, CAROL J
521 S PAULA DRIVE
DUNEDIN FL 34698**

7. Name and Address of New Registered Agent

Name **Cannon, Carol J**
Street Address (P.O. Box Number is Not Acceptable) **2700 Bayshore Blvd #526**
City **DUNEDIN** FL Zip Code **34698**

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. I am familiar with, and accept the obligations of registered agent.

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4/15/03

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

| | | |
|--|--|---------------------------------|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD CANNON, CAROL J 521 S PAULA DRIVE DUNEDIN FL 34698 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete |
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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | |
|--|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD Cannon, Carol J 2700 Bayshore Blvd #526 Dunedin FL 34698 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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12. 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 10 or Block 11 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

4/15/03

Date

727-735-0999

Daytime Phone #

CR2E034 (10/02)