

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000016238

1. Entity Name  
ENVIRONMENTAL, HEALTH & SAFETY FIRST, INC.

**FILED**  
**Apr 05, 2000 8:00 am**  
**Secretary of State**

04-05-2000 90109 012 \*\*\*150.00

Principal Place of Business 41 COCHISE COURT PALM COAST FL 32137	Mailing Address 3617 CROWN PT RD STE 4 JACKSONVILLE FL 32257-9010 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address <i>P.O. BOX 24668</i>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State <i>Jacksonville FL</i>	
Zip	Country	Zip <i>32241</i>	Country <i>USA</i>

4. FEI Number <b>59-3442869</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent  
**MEREDITH ALLEN HERNANDEZ**  
3617 CROWN PT RD #4  
JACKSONVILLE FL 32257

7. Name and Address of New Registered Agent

Name			
Street Address (P.O. Box Number is Not Acceptable)	<i>3617 Crown Point Rd.</i>		
	<i>SUITE # 1</i>		
City	State	Zip Code	
<i>Jacksonville</i>	<i>FL</i>	<i>32257</i>	

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: *M.A. Hernandez*      *M.A. Hernandez*      *3/31/00*  
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, 2000 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 NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>MEEKER, FRANK J</b> 41 COCHISE COURT PALM COAST FL 32137	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>MEEKER, DEBBIE R</b> 41 COCHISE COURT PALM COAST FL 32137	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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: *Frank J Meeker*      *4-1-00*      *do*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #      *904-288-8999*

CR2E034 (9/99)