

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000009995

1. Entity Name

CONTAINMENT SERVICES, INC.

Principal Place of Business

402 SE 7TH STREET  
OKEECHOBEE FL 34974

Mailing Address

Containment Services Inc.  
P.O. Box 916002  
Longwood, FL 32791-6002

2. Principal Place of Business

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0732193

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

TYLER, JAMES N  
301 NORTH PARROTT AVENUE  
OKEECHOBEE FL 34973

Name

William Hood

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

1478 GRACE LAKE CIRCLE

City

LONGWOOD

FL

Zip Code

32750

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

4-27-00

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 ☐ Delete

D  
NAME TYLER, JAMES N  
STREET ADDRESS 301 NORTH PARROT AVENUE  
CITY-ST-ZIP OKEECHOBEE FL 34973

TITLE ☐ Delete

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete

NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition

P  
NAME GARY GRANT  
STREET ADDRESS 4208 CLUBSIDE DR  
CITY-ST-ZIP LONGWOOD FL 32779

TITLE ☒ Change ☒ Addition

UP  
NAME ROD GRANT  
STREET ADDRESS 3609 GLEN RIDGE LANE  
CITY-ST-ZIP SARASOTA FL 34233

TITLE ☐ Change ☒ Addition

S T  
NAME WILLIAM HOOD  
STREET ADDRESS 1478 GRACE LAKE CIRCLE  
CITY-ST-ZIP LONGWOOD FL 32750

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/27/00

407-339-1731

CR2E034 (9/99)



DO NOT WRITE IN THIS SPACE