

5/3/0

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P97000009995**

1. Entity Name

CONTAINMENT SERVICES, INC.**FILED**
Jun 07, 2001 8:00 am
Secretary of State

05-03-2001 90048 046 ***150.00

Principal Place of Business 402 SE 7TH STREET OKEECHOBEE FL 34974	Mailing Address PO BOX 918002 LONGWOOD FL 32791-6002
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2. Principal Place of Business	3. Mailing Address
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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**
**HOOD, WILLIAM
1478 GRACE LAKE CIRCLE
LONGWOOD FL 32750**

Name **GARY GRANT**
Street Address (P.O. Box Number is Not Acceptable)

4208 CLUBSIDE DR
City **LONGWOOD** FL Zip Code **32779**

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

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

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	TYLER, JAMES N	
STREET ADDRESS	301 NORTH PARROT AVENUE	
CITY-ST-ZIP	OKEECHOBEE FL 34973	
TITLE	P.	<input type="checkbox"/> Delete
NAME	GRANT, GARY	
STREET ADDRESS	4208 CLUBSIDE DR	
CITY-ST-ZIP	LONGWOOD FL 32779	
TITLE	VP	<input type="checkbox"/> Delete
NAME	GRANT, ROD	
STREET ADDRESS	3609 GLEN RIDGE LANE	
CITY-ST-ZIP	SARASOTA FL 34233	
TITLE	ST	<input checked="" type="checkbox"/> Delete
NAME	HOOD, WILLIAM	
STREET ADDRESS	1478 GRACE LAKE CIRCLE	
CITY-ST-ZIP	LONGWOOD FL 32750	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	S GRANT, LINDA	
STREET ADDRESS	4208 CLUBSIDE DR	
CITY-ST-ZIP	LONGWOOD FL 32779	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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, when an other like empowered.

SIGNATURE:

GARY GRANT
(SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR)

04-27-01

Date

407-865-6142

Daytime Phone #

CR2E034 (10/00)