

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # **P97000009995**

1. Entity Name

Containment Services Inc



FILED

04 DEC -1 AM 11:09

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

800042318018

10/29/04--01062--019--550.00**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1700 FRUITLAND DR

Suite, Apt. #, etc.

3. Mailing Address

1700 FRUITLAND DR

Suite, Apt. #, etc.

City & State

DELTONA FL

City & State

DELTONA FL

Zip

32725

Country

Volusia

Zip

32725

Country

Volusia

4. FEI Number

65-0732193

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

DO NOT WRITE IN THIS SPACE

MRS

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

GARY GRANT

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

1700 FRUITLAND DR

City

DELTONA

FL

Zip Code

32725

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

GARY GRANT

10/26/04

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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
**P
GARY GRANT
1700 FRUITLAND DR
DELTONA FL 32725**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VP
RUD GRANT
1700 FRUITLAND DR
DELTONA FL 32725**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
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REINSTATEMENT 04

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**200043223822
12/07/04--01007--011--**208.75**

TITLE
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STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

GARY GRANT

PRESIDENT 10/26/04

Date

Daytime Phone #

CR2E034B (12/02)