

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 SEP 21 PM 12: 29



DO NOT WRITE IN THIS SPACE

DOCUMENT # P97000031669
1. Entity Name
ENVIRONMENTAL MAINTENANCE SERVICES, INC.

Principal Place of Business
**911 SE 30TH LANE
CAPE CORAL FL 33904**

Mailing Address
**911 SE 30TH LANE
CAPE CORAL FL 33904**

2. Principal Place of Business
5716 RIVERSIDE DR

3. Mailing Address
Suite, Apt. #, etc.

City & State
CAPE CORAL FL

City & State
City & State

Zip
33904

Country
U.S.A.

Zip
Country

4. FEI Number
65-0739554

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
**ALLENBAUGH, CRAIG
911 SE 30TH LANE
CAPE CORAL FL 33904**

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City
FL Zip Code

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 *Craig Allenbaugh* DATE **9-18-07**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 \$550.00
After September 12, 2001 Fee will be \$750.00
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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ALLENBAUGH, CRAIG 911 SE 30TH LANE CAPE CORAL FL 33904 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: *Craig Allenbaugh* DATE: **9-18-07** 941-945-1018

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