

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 05, 2002 8:00 am
Secretary of State

09-05-2002 90039 002 ***150.00

DOCUMENT # P97000075517

1. Entity Name
CTEC - ESCM, INC.

Principal Place of Business

**11443 - 43 STREET NORTH
CLEARWATER FL 33762**

Mailing Address

**P.O. BOX 271
PINELLAS PARK FL 33780-0271**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number **59-3479991**

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**SHAW, HAROLD G
11443 - 43 STREET NORTH
CLEARWATER FL 33762**

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. 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

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 13, 2002 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

TITLE ☐ Delete
NAME **DV**
STREET ADDRESS **SHAW, HAROLD G**
CITY-ST-ZIP **11443 - 43 STREET NORTH
CLEARWATER FL 33773**

TITLE ☐ Delete
NAME **DP**
STREET ADDRESS **SHAW, E A**
CITY-ST-ZIP **11278-92ST N.
LARGO FL 33773**

TITLE ☐ Delete
NAME **DST**
STREET ADDRESS **SHAW, V G**
CITY-ST-ZIP **11298-92 ST N
LARGO FL 33773**

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
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
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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:

SHAW, HAROLD G, SHAW, V.P.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Aug 30, 2002 (727) 523-4471

CR2E034 (4/02)



Earth Resources and
Environmental Services

Attachment #P97000075517

CTEC-ESCM, Inc.

P.O. Box 271
Pinellas Park, FL 33780
(727) 573-4471
FAX (727) 572-7831

August 30, 2002

Division of Corporations
P.O. Box 1500
Tallahassee, FL 32302-1500

Ladies or Gentlemen,

Please accept the enclosed check in the amount of one hundred fifty dollars (\$150.00) as payment in full of our required corporate filing fee for calendar year 2002. We hereby request waiver of the referenced late filing fee because the submittal document is the first notice received by our corporation this year.

Your consideration and cooperation are appreciated. Please feel free to direct any questions or comments to my attention at the address or telephone number above.

Sincerely,

Harold G. Shaw, V.P.