

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000043971

1. Entity Name

RESOURCE CONSERVATION SERVICES, INC.

Principal Place of Business

5370 EAST BAY DRIVE
SUITE 153
CLEARWATER FL 33764

Mailing Address

PO BOX 903
ELFERS FL 34680-0903

2. Principal Place of Business

7210 JASMINE LE.

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

NEWPORT RICHEY

City & State

4. FEI Number

59-3511938

Applied For

Not Applied For

Zip

34652

Country

PASCO

Zip

Country

5. Certificate of Status Desired

☒

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

JULIAN, GARY T SR
6137 MAPLE WOOD DR
NEW PORT RICHEY FL 34653

7. Name and Address of New Registered Agent

Name

JULIAN, GARY T. SR

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

7210 JASMINE LE.

City

NEWPORT RICHEY

FL

Zip Code

34652

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

GARY T. JULIAN SR

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

PRESIDENT

01/05/2000

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, 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 PSTD
NAME JULIAN, GARRY
STREET ADDRESS 6137 MAPLE WOOD DR
CITY-ST-ZIP NEW PORT RICHEY FL 34653 ☐ Delete

TITLE ST
NAME HICKMAN, DAVID G
STREET ADDRESS 5370 EAST BAY DRIVE, SUITE 153
CITY-ST-ZIP CLEARWATER FL 33764 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition

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

TITLE ☐ Change ☐ Addition

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

TITLE ☐ Change ☐ Addition

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

TITLE ☐ Change ☐ Addition

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:

GARY T. JULIAN
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

01/05/2000 (727) 842-4647

FILED
Jan 18, 2000 8:00 am
Secretary of State

01-18-2000 90082 018 ***163.75



DO NOT WRITE IN THIS SPACE