FILED

2002 UNIFORM BUSINESS REPORT (UBR)

Feb 10, 2002 8:00 am P98000043971 DOCUMENT # **Secretary of State** 1. Entity Name 02-10-2002 90033 017 ***150.00 RESOURCE CONSERVATION SERVICES, INC. Principal Place of Business Mailing Address 7210 JASMINE LE. PO BOX 903 **NEW PORT RICHEY FL 34652** ELFERS FL 34680 2. Principal Place of Business 3. Mailing Address 7210 JASMIN Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-3511938 Not Applicable NEW PORT Zip Country \$8.75 Additional 5. Certificate of Status Desired. PASCO Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent JULIAN JULIAN, GARY T SR Street Address (P.O. Box Number is Not Acceptable) 7210 JASMINE LE. フィル JASMIN **NEW PORT RICHEY FL 34653** New PORT RICHEY se of changing its registered office or registered agent, or both, in the State of Florida. 8. The above named entity submits this state SIGNATURE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax-filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. **PSTD** TITLE Change ☐ Addition ☐ Delete TITLE JULIAN, GARRY SR NAME NAME 7210 JASMIN DR. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **NEW PORT RICHEY FL 34652** CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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)(1), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature that 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 Cheon 507, 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