

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000091348

1. Entity Name

GIRARD ENVIRONMENTAL SERVICES, INC.

**FILED**  
**Mar 24, 2000 8:00 am**  
**Secretary of State**

03-24-2000 90094 049 \*\*\*150.00

Principal Place of Business

428 SAND PEBBLE COVE  
LONGWOOD FL 32750

Mailing Address

428 SAND PEBBLE COVE  
LONGWOOD FL 32750-8425

2. Principal Place of Business

2502 W. First Street

3. Mailing Address

106 Aspen Place

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State  
Sanford, Florida

City & State  
Longwood, Florida

4. FEI Number

59-3537631

Applied For

Not Applicable

Zip  
32771

Country  
USA

Zip  
32750

Country  
USA

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

GIRARD, WILLIAM R  
428 SAND PEBBLE COVE  
LONGWOOD FL 32750

7. Name and Address of New Registered Agent

Name

Richard A. Girard

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

2502 W. First Street

City

Sanford

FL

Zip Code  
32750

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

Richard A. Girard

3-9-00

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 \$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	D	<input type="checkbox"/> Delete
NAME	GIRARD, WILLIAM R	
STREET ADDRESS	428 SAND PEBBLE COVE	
CITY-ST-ZIP	LONGWOOD FL 32750	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	GIRARD, RICHARD A.		
STREET ADDRESS	106 Aspen Place		
CITY-ST-ZIP	Longwood, Florida 32750		
TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Richard A. Girard, Director

Date

Daytime Phone #

CR2E034 (9/99)