## 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

## P98000099107 DOCUMENT #

1. Entity Name

TOTAL ENVIRO SERVICES, INC.



## **FILED** Jan 30, 2003 8:00 am Secretary of State 01-30-2003 90180 019 \*\*\*150.00

Principal Plac 3003 W. 40 S ORLANDO FL	TREET		•	3003 M	Address J. 40 STREET DO FL 32839													
2. Principal Place of Business				3. Mailing Address														
Suite, Apt. #, etc.				Suite, Apt. #, etc.					CHECK HERE IF MAKING CHANGES									
City & State				City & State					4. FEI N	Number	59-3	54549	97				lied For Applicabl	e
Zip	Zip Country				Zip Coun			7y <b>5.</b> Ce			Status	Desired	; [		\$8.75 ee Requ		ional	
	6. Name	of Current Reg	istered	Agent		7. Name and Address of New Registered Agent									7			
	ļ	Name								•	-		1					
LAPIN, JAMES L						Street Address (P.O. Box Number is Not Acceptable)												
3003 W. 40 STREET				+														
ORLANDO FL 32839							City								Zip C	odo		4
		·-												FL				
	named entity ions of registe		tatement for the	e purpos	se of changing its	registere	ed office or	registered	l agent,	or both,	in the S	State of	Florida.	l am fa	amiliar wi	th, ar	nd accept	
SIGNATURE .	Signature, typed o	or printed name of re	gistered agent and ti	itle if applica	able (NOTE	Registered	d Agent signatu	re required wh	nen reinstati	in <b>g)</b>	<u></u> .			DATE			<del></del>	
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00			\$550.00			'	•			9. Elect		npaign Contribu		ng			May Be	
Make Check Payable to Florida Department of													<u> </u>				_	
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NAME	LAPIN, JAI	MES L	1		L Dejete	NAME	- 1								[ ] Unaily	6	Addition	`   <u>;</u>
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12. 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 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.

Date

Daytime Phone #