

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000100781

1. Entity Name

SHEFFIELD ENVIRONMENTAL SERVICES, INC.

FILED

May 01, 2000 8:00 am  
Secretary of State

05-01-2000 90021 013 \*\*\*150.00

Principal Place of Business

Mailing Address

9616 HARDEN BLVD

LAKELAND FL 33803

3616 HARDEN BLVD

LAKELAND FL 33803-5938

2. Principal Place of Business

1815 N. CRYSTAL LAKE DR.

3. Mailing Address

1815 N. CRYSTAL LAKE DR.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

LAKELAND, FL

City & State

LAKELAND, FL

4. FEI Number

59-3546902

Applied For

Not Applicable

Zip

Country

33803

POLK

Zip

Country

33803

POLK

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HOEQUIST, CHARLES E  
3101 MAGUIRE BLVD, SUITE 101  
ORLANDO FL 32803

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.

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 \$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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete  
NAME D  
STREET ADDRESS GATES, ERNEST C JR  
CITY-ST-ZIP 9616 HARDEN BLVD  
LAKELAND FL 33803

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS 1815 N. CRYSTAL LAKE DR.  
CITY-ST-ZIP LAKELAND, FL. 33803

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
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TITLE ☐ Change ☐ Addition  
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CITY-ST-ZIP

TITLE ☐ Delete  
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STREET ADDRESS  
CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/21/00 (863)-682-8852

CR2E034 (9/99)