

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 25, 2003 8:00 am
Secretary of State

04-25-2003 90328 040 ***158.75

DOCUMENT # P99000021602

1. Entity Name
ENVIRONMENTALLY DEVELOPED SYSTEMS OF MID-US, INC



Principal Place of Business
**4100 MAVERICK ST.
SANFORD FL 32771**

Mailing Address
**PO BOX 471267
LAKE MONROE FL 32747**

40009161



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-3561989**

Applied For
Not Applicable

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**ROBINSON, STEVEN K
1401 HORIZON CT.
ORLANDO FL 32809**

7. Name and Address of New Registered Agent

Name **BARKS, CYNTHIA G.**

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

505 POWER ROAD

City **SANFORD**

FL

Zip Code
32771

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Cynthia G. Barks

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

(NOTE: Registered Agent signature required when reinstating)

4-23-03

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☒ Delete
NAME **ROBINSON, STEVEN K**
STREET ADDRESS **1401 HORIZON CT.**
CITY-ST-ZIP **ORLANDO FL 32809**

TITLE **D** ☐ Change ☒ Addition
NAME **CYNTHIA G. BARKS**
STREET ADDRESS **505 POWER ROAD**
CITY-ST-ZIP **SANFORD, FL 32771**

TITLE **VPD** ☒ Delete
NAME **BARKS, CYNTHIA G**
STREET ADDRESS **505 POWER RD**
CITY-ST-ZIP **SANFORD FL 32771**

TITLE **VPI** ☐ Change ☒ Addition
NAME **CONSTANCE JAY RICHARDSON**
STREET ADDRESS **1011 VIHLEN ROAD**
CITY-ST-ZIP **SANFORD, FL 32771**

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
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

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.

SIGNATURE:

Cynthia G. Barks
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-23-03

CR2E034 (10/02)