

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000041015

1. Entity Name  
FIRST ENVIRONMENTAL SERVICES, INC.

**FILED**  
**Sep 12, 2000 8:00 am**  
**Secretary of State**

09-12-2000 90019 015 \*\*\*550.00

Principal Place of Business  
108 MEADOWS AVE.  
ST.AUGUSTINE FL 32084

Mailing Address  
108 MEADOWS AVE.  
ST.AUGUSTINE FL 32084



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
Suite, Apt. #, etc.

3. Mailing Address  
Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3591042

Applied For  
Not Applicable

Zip Country Zip Country

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

GALLETTA, JOHN JR.,ESQ  
4100 A1A SOUTH  
ST.AUGUSTINE FL 32084

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 \$550.00**  
**After SEPTEMBER 13, 2000 Min. will be \$750.00**  
**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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
SOUTHERN, DAVID  
108 MEADOWS AVE.  
ST.AUGUSTINE FL 32084 ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
SOUTHERN, NANCY  
108 MEADOWS AVE.  
ST.AUGUSTINE FL 32084 ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
WENDLER, SCOTT  
122 SAN JOSE FOREST DRIVE  
ST.AUGUSTINE FL 32084 ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
WENDLER, DONNA  
122 SAN JOSE FOREST DRIVE  
ST.AUGUSTINE FL 32084 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☒ Addition  
Vice President

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

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

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 empowers.

SIGNATURE:

*Donna Wendler*  
Donna Wendler, President  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/8/00 (904) 461-8849  
Date Daytime Phone #

CR2E034 (5/00)