

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # V46466

1. Entity Name

ALLIANCE CONSULTING & ENVIRONMENTAL SERVICES, IN

Principal Place of Business

16032 E HIALEAH DR
LOXAHATCHEE FL 33470
US

Mailing Address

16032 E HIALEAH DR
LOXAHATCHEE FL 33470-3726
US

2. Principal Place of Business

16032 E. HIALEAH DR

3. Mailing Address

P. O. BOX 772

Suite, Apt. #, etc.

Loxahatchee, FL

Suite, Apt. #, etc.

Loxahatchee, FL

City & State

Loxahatchee, FL

City & State

Loxahatchee, FL

Zip

33470

Country

USA

Zip

33470

Country

USA

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LAWRENCE, TERRY A
16032 E. HIALEAH DRIVE
LOXAHATCHEE FL 33470

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, 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 P
NAME LAWRENCE, MICHELE M
STREET ADDRESS 16032 E. HIALEAH DRIVE
CITY-ST-ZIP LOXAHATCHEE FL 33470

☒ Delete

TITLE President, Secretary
NAME Terry A. Lawrence
STREET ADDRESS 16032 EAST HIALEAH
CITY-ST-ZIP Loxahatchee, FL 33470

☒ Change ☐ Addition

TITLE VPD
NAME LAWRENCE, TERRY A
STREET ADDRESS 16032 E. HIALEAH DRIVE
CITY-ST-ZIP LOXAHATCHEE FL 33470

☒ Delete

TITLE
NAME
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CITY-ST-ZIP

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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 empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Apr 12, 2000 8:00 am
Secretary of State

04-12-2000 90163 035 ***150.00



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0334386

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

CR2E034 (9/99)