

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 23, 2003 8:00 am
Secretary of State

04-23-2003 90201 009 ***150.00

0426961 AV

DOCUMENT # V46466

1. Entity Name
ALLIANCE CONSULTING & ENVIRONMENTAL SERVICES, INC.



Principal Place of Business
**16032 E HIALEAH DR
LOXAHATCHEE FL 33470
US**

Mailing Address
**16032 E HIALEAH DR
LOXAHATCHEE FL 33470
US**



2. Principal Place of Business

16032 E. HIALEAH DR

Suite, Apt. #, etc.

3. Mailing Address

16032 E. HIALEAH DR

Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State

Loxahatchee, FL

City & State

Loxahatchee, FL

4. FEI Number

65-0334386

Applied For

☐ Not Applicable

Zip

33470

Country

Palm-Bch

Zip

33470

Country

Palm-Bch

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name

TERRY A. LAWRENCE

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

16032 EAST HIALEAH DR

City

Loxahatchee

FL

Zip Code

33470

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

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

(NOTE: Registered Agent signature required when reinstating)

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

TITLE	PST	<input checked="" type="checkbox"/> Delete
NAME	LAWRENCE, TERRY A	
STREET ADDRESS	16032 E. HIALEAH DRIVE	
CITY-ST-ZIP	LOXAHATCHEE FL 33470	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	V, S, T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TERRY A. LAWRENCE	
STREET ADDRESS	16032 EAST HIALEAH	
CITY-ST-ZIP	LOXAHATCHEE, FL 33470	
TITLE	Pres. Michele M. Lawrence President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		
STREET ADDRESS	16032 EAST HIALEAH DR.	
CITY-ST-ZIP	LOXAHATCHEE, FL	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

TERRY A. LAWRENCE

TERRY A. LAWRENCE

4-18-03

329-9700

Date

Daytime Phone #

CR2E034 (10/02)