#### I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered. 02/26/2019

SIGNATURE: ROSS T. MORTON

Electronic Signature of Signing Officer/Director Detail

# Entity Name: ENVIRONMENTAL PERMITTING SPECIALISTS, INC.

# **Current Principal Place of Business:**

5041 OLIVIA ROAD VENICE, FL 34293

### **Current Mailing Address:**

DOCUMENT# P05000124703

5041 OLIVIA ROAD VENICE, FL 34293

## FEI Number: 20-3512960

#### lict ΛL Name and Address of Current Re

MORTON, ROSS T 5041 OLIVIA ROAD VENICE, FL 34293 US

The above named entity submits this statement f

#### SIGNATURE:

Electronic Signature of Registered Agent

**2019 FLORIDA PROFIT CORPORATION ANNUAL REPORT** 

#### **Officer/Director Detail :**

Title	PD	Title	SD
Name	MORTON, ROSS T	Name	MORTON, LOUISE KONDEL
Address	5041 OLIVIA ROAD	Address	5041 OLIVIA ROAD
City-State-Zip:	VENICE FL 34293	City-State-Zip:	VENICE FL 34293

Registered Agent:	
for the purpose of changing its registered office or registered agent, or both, in the State of Florida.	
Registered Agent	Date

### FILED Feb 26, 2019 Secretary of State 9566858058CC

Certificate of Status Desired: No

Date

MANAGING DIRECTOR