

CERTIFICATE OF INTERESTED PARTIES

FORM 1295

1 of 1

Complete Nos. 1 - 4 and 6 if there are interested parties.
Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.

OFFICE USE ONLY CERTIFICATION OF FILING

1 Name of business entity filing form, and the city, state and country of the business entity's place of business.
Ceres Environmental Services, Inc.
Sarasota, FL United States

Certificate Number:
2023-1029294

Date Filed:
06/02/2023

2 Name of governmental entity or state agency that is a party to the contract for which the form is being filed.
Hidalgo County

Date Acknowledged:

3 Provide the identification number used by the governmental entity or state agency to track or identify the contract, and provide a description of the services, goods, or other property to be provided under the contract.
RFP No. 23-0161-06-02-BCJ
Disaster Recovery Services; Debris Clearance, Removal, and Other Miscellaneous Related Services 23-0161-06-02-BC

4	Name of Interested Party	City, State, Country (place of business)	Nature of interest (check applicable)	
			Controlling	Intermediary
	Laurie, Tia	Sarasota, FL United States	X	
	McIntyre, David	Sarasota, FL United States	X	
	Ulschmid, John	Sarasota, FL United States	X	

5 Check only if there is NO Interested Party.


6 UNSWORN DECLARATION

My name is Tia Laurie, and my date of birth is _____.

My address is 6968 Professional Parkway, Sarasota, FL, 34240, USA.
(street) (city) (state) (zip code) (country)

I declare under penalty of perjury that the foregoing is true and correct.

Executed in Sarasota County, State of FL, on the 2 day of June, 2023.
(month) (year)



Signature of authorized agent of contracting business entity
(Declarant)

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Certificate Number:
2023-1029294

Date Filed:
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Date Acknowledged:
09/14/2023

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	McIntyre, David	Sarasota, FL United States	X	
	Ulschmid, John	Sarasota, FL United States	X	

5 Check only if there is NO Interested Party.

6 UNSWORN DECLARATION

My name is _____, and my date of birth is _____.

My address is _____, _____, _____, _____, _____.
(street) (city) (state) (zip code) (country)

I declare under penalty of perjury that the foregoing is true and correct.

Executed in _____ County, State of _____, on the _____ day of _____, 20____.
(month) (year)

Signature of authorized agent of contracting business entity
(Declarant)