

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

4/2

**FILED**  
**Jul 03, 2003 8:00 am**  
**Secretary of State**

04-28-2003 90083 011 \*\*\*\*50.00

**DOCUMENT # L02000000182**

1. Entity Name  
**ENVIRONMENTAL PROTECTION ASSOCIATES, LLC**



Principal Place of Business      Mailing Address  
**24 ELGIN LANE**      **24 ELGIN LANE**  
**PALM BEACH GARDENS FL 33418**      **PALM BEACH GARDENS FL 33418**

**44005237**

2. Principal Place of Business      3. Mailing Address

Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State



CHECK HERE IF MAKING CHANGES

Zip      Country      Zip      Country

4. FEI Number  
**EIN 26-0010766**

Applied For  
 Not Applicable

5. Certificate of Status Desired       **\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent      7. Name and Address of New Registered Agent

**COLEMAN, KENNETH R**  
**24 ELGIN LANE**  
**PALM BEACH GARDENS FL 33418**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By May 1, 2003**

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR</b> <b>RIPMA, GORDON R</b> <b>24 ELGIN LANE</b> <b>PALM BEACH GARDENS FL 33418</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR</b> <b>COLEMAN, KENNETH R</b> <b>24 ELGIN LANE</b> <b>PALM BEACH GARDENS FL 33418</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CR2E083 (10/02)

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: *Gordon Ripma*      Date: 4/25/03      Daytime Phone #: 561 7440301

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE