

# 2002 UNIFORM BUSINESS REPORT (UBR)

000597 AT


CR2E003 (9/01)

**DOCUMENT #** A97000000998

**1. Entity Name**

ENVIRONMENTAL HOLDINGS, LTD.

FILED  
02 APR 23 AM 9:03  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



<b>Principal Place of Business</b>	<b>Mailing Address</b>
1 INDEPENDENT DRIVE, SUITE 1600 JACKSONVILLE FL 32202-5009	1 INDEPENDENT DRIVE, SUITE 1600 JACKSONVILLE FL 32202-5009

<b>2. Principal Place of Business</b>	<b>3. Mailing Address</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

<b>DUE BY MAY 1, 2002</b>	
<b>4. FEI Number</b> 59-3237257	Applied For Not Applicable
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

**6. Name and Address of Current Registered Agent**

SHIELDS, DAVID R  
1 INDEPENDENT DRIVE, SUITE 1600  
JACKSONVILLE FL 32202-5009

**7. Name and Address of New Registered Agent**

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** \_\_\_\_\_ **DATE** \_\_\_\_\_

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

<b>9. Capital Contributions</b> as Shown on record. <b>\$1,000,000.00</b>	<b>10. Amount of Capital Contributions</b> in FLORIDA to date.	<b>11. MAKE CHECK PAYABLE TO DEPT. OF STATE</b> <b>SEE REVERSE SIDE FOR FEE INFORMATION</b>
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**A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.**  
**NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.**

<b>12. GENERAL PARTNER INFORMATION</b>		<b>13. ADDRESS CHANGES ONLY</b>	
<b>DOCUMENT #</b>	<b>P94000017278</b>	<b>STREET ADDRESS</b>	
<b>NAME</b>	<b>GREEN EARTH HOLDINGS, INC</b>	<b>CITY-ST-ZIP</b>	
<b>STREET ADDRESS</b>	<b>1 INDEPENDENT DRIVE, SUITE 1600</b>		
<b>CITY-ST-ZIP</b>	<b>JACKSONVILLE FL 32202-5009</b>		
<b>DOCUMENT #</b>		<b>STREET ADDRESS</b>	<b>600005361776--1</b>
<b>NAME</b>		<b>CITY-ST-ZIP</b>	<b>-04/23/02--01016--005</b>
<b>STREET ADDRESS</b>			<b>*****526.25 *****526.25</b>
<b>CITY-ST-ZIP</b>			
<b>DOCUMENT #</b>		<b>STREET ADDRESS</b>	
<b>NAME</b>		<b>CITY-ST-ZIP</b>	
<b>STREET ADDRESS</b>			
<b>CITY-ST-ZIP</b>			
<b>DOCUMENT #</b>		<b>STREET ADDRESS</b>	
<b>NAME</b>		<b>CITY-ST-ZIP</b>	
<b>STREET ADDRESS</b>			
<b>CITY-ST-ZIP</b>			
<b>DOCUMENT #</b>		<b>STREET ADDRESS</b>	
<b>NAME</b>		<b>CITY-ST-ZIP</b>	
<b>STREET ADDRESS</b>			
<b>CITY-ST-ZIP</b>			

**14.** 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 General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

**SIGNATURE:** \_\_\_\_\_ **1-10-02. 904/1034.8808**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date Daytime Phone #