

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED****Apr 30, 2001 08:00 AM**  
**Secretary of State****DOCUMENT # F00000004805**1. Entity Name  
ENVIRONMENTAL QUALITY ASSOCIATES, INC.Principal Place of Business  
487 SHODDY HOLLOW ROAD  
MIDDLETON NY 10940Mailing Address  
487 SHODDY HOLLOW ROAD  
MIDDLETON NY 109402. Principal Place of Business  
487 SHODDY HOLLOW ROAD3. Mailing Address  
487 SHODDY HOLLOW ROAD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State  
MIDDLETOWN NYCity & State  
MIDDLETOWN NY4. FEI Number  
**06-1387483**Applied For  
Not ApplicableZip  
10940

Country

Zip  
10940

Country

5. Certificate of Status Desired ☒ **\$8.75** Additional  
Fee Required**6. Name and Address of Current Registered Agent****7. Name and Address of New Registered Agent**TAYLOR HEIDI  
3212 POST STREETDELTONA FL  
32738 US

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 \_\_\_\_\_ **04/30/2001**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE9. This corporation is eligible to satisfy its Intangible  
Tax filing requirement and elects to do so.  
(See criteria on back) ☒**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2001 Fee will be \$550.00**  
**Make Check Payable to Department of State**10. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00** May Be  
Added to Fees**11. OFFICERS AND DIRECTORS****12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**TITLE V ☐ Delete  
NAME TAYLOR CHRIS W  
STREET ADDRESS 487 SHODDY HOLLOW ROAD  
CITY-ST-ZIP MIDDLETOWN NY 10940TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE P ☐ Delete  
NAME TAYLOR SANDRA L  
STREET ADDRESS 487 SHODDY HOLLOW ROAD  
CITY-ST-ZIP MIDDLETOWN NY 10940TITLE ☐ Change ☐ Addition  
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NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** Chris.W Taylor

V

04/30/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)