

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000002676

1. Entity Name

ENVIRONMENTAL TESTING & COMPLIANCE LLC

FILED

01 FEB 20 PM 3:33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business

350 N. DOVER CT.
HEATHROW FL 32746

Mailing Address

350 N. DOVER CT.
HEATHROW FL 32746

2. Principal Place of Business

350 N. DOVER CT

3. Mailing Address

350 N. DOVER CT.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

HEATHROW FL 32746

City & State

HEATHROW FL 32746

4. FEI Number

Applied For

Not Applicable

Zip

32746

Country

Zip

32746

Country

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

OCCHIUTO, RALPH JR
350 N. DOVER CT.
HEATHROW FL 32746

7. Name and Address of New Registered Agent

Name: RALPH OCCHIUTO
Street Address (P.O. Box Number is Not Acceptable):
350 N. DOVER CT.
City: HEATHROW FL Zip Code: 32746

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: *Ralph Occhiuto Jr*

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

(NOTE: Registered Agent signature required when reinstating)

2/16/01

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

TITLE: CHAIRMAN/CEO
NAME: RALPH OCCHIUTO
STREET ADDRESS: 350 N. DOVER CT
CITY-ST-ZIP: HEATHROW FL 32746 ☐ Delete

TITLE:
NAME:
STREET ADDRESS:
CITY-ST-ZIP:
☐ Delete

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CITY-ST-ZIP:
☐ Delete

10. ADDITIONS/CHANGES

TITLE:
NAME:
STREET ADDRESS:
CITY-ST-ZIP:
☐ Change ☐ Addition
700003745687 ☐ Change ☐ Addition
-02/21/01--01085--018
*****50.00 *****50.00

TITLE:
NAME:
STREET ADDRESS:
CITY-ST-ZIP:
☐ Change ☐ Addition

TITLE:
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☐ Change ☐ Addition

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NAME:
STREET ADDRESS:
CITY-ST-ZIP:
☐ Change ☐ Addition

TITLE:
NAME:
STREET ADDRESS:
CITY-ST-ZIP:
☐ Change ☐ Addition

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: *Ralph Occhiuto Jr*

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

Date

Daytime Phone #

2/01/01 863-647-5057

CR2E083 (11/00)