## **2002 UNIFORM BUSINESS REPORT (UBR)**

## **FILED** Aug 18, 2002 8:00 am Secretary of State DOCUMENT # L0000004377 H&K REAL ESTATE AND ENVIRONMENTAL SOLUTIONS LLC 08-18-2002 90126 008 \*\*\*\*50 00 Principal Place of Business Mailing Address 400 NORTH ASHLEY DRIVE 400 NORTH ASHLEY DRIVE SUITE 2300 SUITE 2300 974740 TAMPA FL 33602 TAMPA FL 33602 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 59-3684144 Not Applicable Zip Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent INTRASTATE REGISTERED AGENT CORPORATION Street Address (P.O. Box Number is Not Acceptable) 701 BRICKELL AVENUE SUITE 3000 **MIAMI FL 33131** City 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. Lam familiar with, and accept the obligations of registered agent. SIGNATURE 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 Department of State Due By September 25, 2002 9. MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES MGR TITLE ☐ Delete TITLE XX Change ☐ Addition HOLLAND & KNIGHT CONSULTING, INC. NAME Holland & Knight Consulting LLC **400 NORTH ASHLEY DRIVE SUITE 2300** CR2E083 STREET ADDRESS STREET ADDRESS 400 N. Ashley Dr. Ste 2300 CITY-ST-ZIP TAMPA FL 33602 CITY-ST-ZIP Tampa, FL 33602 ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP - Delete TITLE Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME

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 arate 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 or trustee employered to execute his report as required by Chapter 608, Florida Statutes. indicated on this report is true and accorate and that limited liability company or the receiver or trustee employees.

STREET ADDRESS

CITY-ST-ZIP

O Thomas H. Dver SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAM OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

STREET ADDRESS

CITY-ST-7IP