

FILED
Apr 02, 2002 8:00 am
Secretary of State

02-19-2002 90041 046 ****50.00

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L01000003850

1. Entity Name

ENVIRODEV PROPERTIES, L.L.C.

Principal Place of Business

**611 WEST BAY STREET
 TAMPA FL 33606**

Mailing Address

**611 WEST BAY STREET
 TAMPA FL 33606**

2. Principal Place of Business
8925 Eagle Watch Dr

3. Mailing Address
P O Box 489

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Riverview, Fl

City & State
Riverview, Fl

4. FEI Number
59-3713491

Applied For
 Not Applicable

Zip
33569

Country
USA

Zip
33568

Country
USA

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

6. Name and Address of Current Registered Agent

**CUSTARD, GALEN
 611 WEST BAY STREET
 TAMPA FL 33606**

7. Name and Address of New Registered Agent

Name
 Street Address (P.O. Box Number is Not Acceptable)
8925 Eagle Watch Dr
 City
Riverview **FL** Zip Code
33569

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

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

(NOTE: Registered Agent signature is required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State
Due By May 1, 2002

9. MANAGING MEMBERS/MANAGERS

TITLE
 NAME **GLENCROSS** ☐ Delete
 STREET ADDRESS
 CITY-ST-ZIP **8925 EAGLE WATCH DR RIVERVIEW, FL 33569**

TITLE
 NAME **Daniel E Campo** ☐ Delete
 STREET ADDRESS
 CITY-ST-ZIP **8925 EAGLE WATCH DR RIVERVIEW, FL 33569**

TITLE
 NAME **Galen Custard** ☐ Delete
 STREET ADDRESS
 CITY-ST-ZIP **8925 EAGLE WATCH DRIVE RIVERVIEW, FL 33569**

TITLE
 NAME ☐ Delete
 STREET ADDRESS
 CITY-ST-ZIP

TITLE
 NAME ☐ Delete
 STREET ADDRESS
 CITY-ST-ZIP

TITLE
 NAME ☐ Delete
 STREET ADDRESS
 CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE
 NAME **PRESIDENT** ☐ Change ☐ Addition
 STREET ADDRESS
 CITY-ST-ZIP

TITLE
 NAME **VICE PRESIDENT / SECRETARY** ☐ Change ☐ Addition
 STREET ADDRESS
 CITY-ST-ZIP

TITLE
 NAME **VICE PRESIDENT / TREASURER** ☐ Change ☐ Addition
 STREET ADDRESS
 CITY-ST-ZIP

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

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

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

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:

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

Date

Daytime Phone #

CR2003 (9/01)