

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 24, 2002 8:00 am
Secretary of State

07-24-2002 90138 040 ****50.00

DOCUMENT # L01000007803

1. Entity Name

MARINE POLLUTION SPECIALISTS, LLC

Principal Place of Business

Mailing Address

**4953 FOOTHILL RD.
 CARPINTERIA CA 93013**

**4953 FOOTHILL RD.
 CARPINTERIA CA 93013**

2. Principal Place of Business

3. Mailing Address

4542 S Jefferson ST

4542 S. Jefferson ST

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

LAmont FL

LAmont FL

Zip

Country

Zip

Country

32336

USA

32336

USA

4. FEI Number

77-0574081

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**Darryl
 PEREZ, TIMOTHY
 1405 SOUTH JEFFERSON ST.
 MONTICELLO FL 32344**

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. I am 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)

DATE

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

TITLE **President** ☐ Delete
 NAME **DARRYLE M WALDRON**
 STREET ADDRESS **4542 S. Jefferson ST**
 CITY-ST-ZIP **LAmont FL 32336**

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

TITLE ☐ Delete
 NAME
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TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
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 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:

DARRYLE M WALDRON

850 997 8826

7/6/02

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

Date

Daytime Phone #

CR2E083 (4/02)