

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# L01000008542

FILED
Apr 30, 2002 8:00 AM
Secretary of State

Entity Name: REMEDIATORS, LLC

Current Principal Place of Business:

THE KRESS BUILDING, SUITE M-8
475 CENTRAL AVENUE
ST. PETERSBURG, FL 33701 US

New Principal Place of Business:

Current Mailing Address:

THE KRESS BUILDING, SUITE M-8
475 CENTRAL AVENUE
ST. PETERSBURG, FL 33701 US

New Mailing Address:

C/O ERNEST L. MASCARA
475 CENTRAL AVENUE, SUITE M-8
ST. PETERSBURG, FL 33701 US

FEI Number: 59-3721106

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MASCARA, ERNEST L
THE KRESS BUILDING, SUITE M-8
475 CENTRAL AVENUE
ST. PETERSBURG, FL 33701 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGR () Delete
Name: HANNER, JOHN C
Address: 475 CENTRAL AVENUE, SUITE M-8
City-St-Zip: ST. PETERSBURG, FL 33701 US

Title: MGRM () Delete
Name: PROPERTY OWNERS SERV, ICE COMPANY, I N C.
Address: 475 CENTRAL AVENUE, SUITE M-8
City-St-Zip: ST. PETERSBURG, FL 33701 US

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: JOHN C. HANNER

MGR

04/30/2002

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date