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

indicated on this report is true at limited liability company or the

eiver or trustee empowered

## Apr 16, 2002 8:00 am Secretary of State DOCUMENT # L01006011630 04-16-2002 90079 049 \*\*\*\*55.00 KINGS, PLANT CITY, VHB, L.C. Principal Place of Business Mailing Address 12108 N. 56TH STREET 12108 N. 56TH STREET **TAMPA FL 33617 TAMPA FL 33617** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number 59-313 1827 Applied For Not Applicable Zip Country 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 ENVIRONMENTAL INCOME, INC. Street Address (P.O. Box Number is Not Acceptable) 12108 N. 56TH STREET **TAMPA FL 33617** 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. 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 May 1, 2002 9. MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES TITLE TITLE ☐ Addition ☐ Delete Change NAME ENVIRONMENTAL INCOME, INC. NAME STREET ADDRESS 12108 N. 56TH STREET STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **TAMPA FL 33617** TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 11. I hereby certify that the information upplied with this filing does no qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information

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 siver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

AGER, OR AUTHORIZED REPRESENTATIVE