

**FILED**  
**Apr 18, 2002 8:00 am**  
**Secretary of State**

03-18-2002 90181 048 \*\*\*\*50.00

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L01000012662

1. Entity Name

**QED ENVIRONMENTAL SOLUTIONS (FLORIDA), LLC**

Principal Place of Business

**NORTHBRIDGE TOWER 1 - 19TH FLOOR  
 515 NORTH FLAGLER DR.  
 WEST PALM BEACH FL 33401**

Mailing Address

**NORTHBRIDGE TOWER 1 - 19TH FLOOR  
 515 NORTH FLAGLER DR.  
 WEST PALM BEACH FL 33401**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

**52-2353906**

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$5.00 Additional  
 Fee Required**

6. Name and Address of Current Registered Agent

**O'CONNELL, PHIL D JR.  
 NORTHBRIDGE TOWER 1 - 19TH FLOOR  
 515 NORTH FLAGLER DR.  
 WEST PALM BEACH FL 33401**

7. Name and Address of New Registered Agent

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reappointing)

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  
 STREET ADDRESS  
 CITY-ST-ZIP  
**MGR  
 O'CONNELL, PHIL D  
 NORTHBRIDGE TOWER 1-19TH FL, 515 N FLAGLER  
 WEST PALM BEACH FL 33401**

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TITLE  
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10. ADDITIONS/CHANGES

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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 60B, Florida Statutes.

SIGNATURE

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

Date

Daytime Phone #

**2-27-02 (561) 832-5900**

CR2E083 (9/01)