

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

1/2

FILED
Mar 20, 2003 8:00 am
Secretary of State

01-24-2003 90251 007 ***50.00

DOCUMENT # L02000023261

1. Entity Name

**ADVANCED ENVIRONMENTAL SERVICES OF SOUTHWEST FLO
RIDA, L.L.C.**



Principal Place of Business

828 MAGELLAN DRIVE
SARASOTA FL 34243

Mailing Address

828 MAGELLAN DRIVE
SARASOTA FL 34243

2. Principal Place of Business

7621-1B 15th Street East

3. Mailing Address

7621-1B 15th Street East

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Sarasota Florida

City & State

Sarasota Florida

4. FEI Number

113651793

Applied For

Not Applicable

Zip

34243

Country

USA

Zip

34243

Country

USA

5. Certificate of Status Desired

☐ \$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

WHITTAKER, CHRISTOPHER
828 MAGELLAN DRIVE
SARASOTA FL 34243

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Christopher Whittaker

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

(NOTE: Registered Agent signature required when renewing)

1/24/03

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS / MANAGERS

TITLE MGR
NAME WHITTAKER, CHRISTOPHER
STREET ADDRESS 828 MAGELLAN DRIVE
CITY-ST-ZIP SARASOTA FL 34243 ☐ Delete

TITLE MGR
NAME HESBACH, WILLIAM
STREET ADDRESS PO BOX 438
CITY-ST-ZIP TALLEVAST FL 34243 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

10. ADDITIONS / CHANGES

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

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

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

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

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

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

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:

Christopher Whittaker

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

1/24/03

Date

441-377-2455

Daytime Phone #

CR2E083 (10/02)