

# 2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED  
AND  
FILED

00 JUN -5 PM 4:04

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # L93000000234

1. Entity Name  
FLUORIDE REMOVAL AND TRANSFER SPECIALISTS, L.C.

Principal Place of Business  
415 PABLO AVE  
JACKSONVILLE BEACH FL 32250

Mailing Address  
415 PABLO AVE  
JACKSONVILLE BEACH FL 32250-5531

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 59-3191750

Applied For

Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SHEA, VINCENT J  
415 PABLO AVE.  
JACKSONVILLE BEACH FL 32250

Name  
D. SHAWN BUFFALO

Street Address (P.O. Box Number is Not Acceptable)

415 PABLO AVENUE NORTH

City JACKSONVILLE BEACH, FL Zip Code 32250

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 *D. Shawn Buffalo*  
Signature, typed or printed name of registered agent and title if applicable.

D. SHAWN BUFFALO  
CHIEF FINANCIAL OFFICER

MAY 22, 2000  
DATE

FILE NOW!!! FEE IS \$50.00  
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE NAME MEM  
STREET ADDRESS KOLODZIEJ, DEBORAH  
CITY- ST- ZIP 19 FAIRVIEW DRIVE  
SOUTHBOROUGH MA 01772

TITLE NAME MGR  
STREET ADDRESS SHEA, VINCENT J  
CITY- ST- ZIP 13600 EMERALD COVE CT.  
JACKSONVILLE FL

TITLE NAME  
STREET ADDRESS  
CITY- ST- ZIP

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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.

D. SHAWN BUFFALO

SIGNATURE:

SIGNATURE REQUIRED

CHIEF FINANCIAL OFFICER MAY 22, 2000 (904) 241-1200

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date

Daytime Phone #

CR2E083 (9/99)