


2nd and
FINAL NOTICE: File on or before Sept. 30, 1998 or Limited Liability Company will be dissolved. If dissolved, minimum amount due to reinstate: \$688.75

| | | |
|--|---|---|
| LIMITED LIABILITY COMPANY ANNUAL REPORT 1998 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
|--|---|---|

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

98 AUG -7 AM 8:30

| | |
|--------------------------------|--|
| FILING FEE \$ 588.75 | Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee + \$400.00 Late Fee Make Check Payable To: FLORIDA DEPARTMENT OF STATE |
|--------------------------------|--|

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|---|--|
| 1. Name and Mailing Address of Limited Liability Company | DOCUMENT # L95000000337 ENVIRONMENTAL BUILDING TECHNOLOGY, LIMITED COMPANY P.O. BOX 2078 CLEARWATER FL 34617-2078 |
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1a. Principal Place of Business Address

603 S. FORT HARRISON
CLEARWATER FL 34616

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|--|--|
| 2. Principal Place of Business 3035 EASTWOOD DR. Suite, Apt. #, etc. | 2a. Mailing Address Suite, Apt. #, etc. |
| City & State CLEARWATER FL. | City & State |
| Zip 34619 | Country U.S. |

3. Date Organized or Qualified

04/27/1995

3a. State of Formation

FL

4. FEI Number

59-3321154

☐ Applied For

☐ Not Applicable

5. Date of Last Report

04/21/1997

6. Certificate of Status Desired

\$8.75 Additional Fee Required ☐

7. Name and Address of Current Registered Agent

LOFTUS, WILLIAM
603 S. FORT HARRISON AVE.
CLEARWATER FL 34616

8. Name and Address of New Registered Agent/Office

Name

WILLIAM LOFTUS

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

3035 EASTWOOD DR.

Suite, Apt. #, etc.

City

CLEARWATER

Zip Code

FL 34619

9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited liability company submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by affirmative vote of a majority of the members. I hereby accept the appointment as registered agent, and accept the obligations.

SIGNATURE

William Loftus

DATE

| 10. Title | Managing Members/Managers | Business Street Address | City, State and Zip Code |
|-----------|---------------------------|-------------------------|--------------------------|
| MGR | LOFTUS, WILLIAM E | 603 S. FT. HARRISON AVE | CLEARWATER FL |

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11. I do 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 annual 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; and that my name appears in Block 10, or on an attachment with an address.

SIGNATURE:

William Loftus

Date

Daytime Phone #