

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 17, 2003 8:00 am
Secretary of State

01-17-2003 90215 046 ****55.00

DOCUMENT # L95000000388

1. Entity Name

ELLIS ENVIRONMENTAL GROUP, L.C.



Principal Place of Business

**414 SW 140TH TERRACE
NEWBERRY FL 32669**

Mailing Address

**414 SW 140TH TERRACE
NEWBERRY FL 32669**

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 **59-3316755**

Applied For

Not Applicable

5. Certificate of Status Desired

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**CHANDLER, JAMES R III
1834 MAIN STREET
SARASOTA FL 34236**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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

9. MANAGING MEMBERS / MANAGERS

10. ADDITIONS / CHANGES

TITLE **MGRM**
NAME **CHARNA, RUSI B** ☐ Delete
STREET ADDRESS **5123 NW 59TH TERRACE**
CITY-ST-ZIP **GAINESVILLE FL 32653**

TITLE **MGRM**
NAME **Charna, Rusi B** ☒ Change ☐ Addition
STREET ADDRESS **4608 NW 58th street**
CITY-ST-ZIP **Gainesville FL 32653**

TITLE **MGRM**
NAME **BLEKE, JEFFREY P** ☐ Delete
STREET ADDRESS **3702 SW 92ND TERRACE**
CITY-ST-ZIP **GAINESVILLE FL 32608**

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

TITLE **MGRM**
NAME **BLEKE, JAMES H** ☐ Delete
STREET ADDRESS **175 S OCEAN SHORES DR**
CITY-ST-ZIP **KEY LARGO FL 33037**

TITLE **MGRM**
NAME **Bleke, James H.** ☒ Change ☐ Addition
STREET ADDRESS **9815 SW 37th Rd**
CITY-ST-ZIP **Gainesville FL 33037**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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:

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

Date

Daytime Phone #

CR2E083 (10/02)