

# 2000 UNIFORM BUSINESS REPORT (UBR)

001738 AF

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
00 FEB 11 AM 11:05

DOCUMENT # L99000003010

1. Entity Name  
COMPLIANCE & REMEDIATION, L.L.C.

Principal Place of Business Mailing Address  
211 CHANNELSIDE DRIVE P.O. BOX 77051  
TAMPA FL 33602 TAMPA FL 33675-2051



DO NOT WRITE IN THIS SPACE

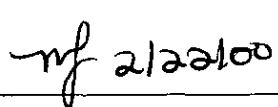
2. Principal Place of Business 14409 NO. NEBRASKA Suite, Apt. #, etc. SUITE A City & State TAMPA, FL Zip 33613 Country HILLSBOROUGH		3. Mailing Address Suite, Apt. #, etc. City & State Zip Country		4. FEI Number 59-3578135	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required					

6. Name and Address of Current Registered Agent MOORE, CHARLES A 400 NORTH TAMPA STREET, SUITE 2300 TAMPA FL 33602		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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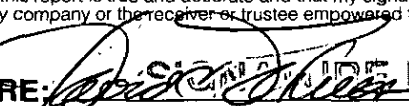
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

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

9. MANAGING MEMBERS/MEMBERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM STEPHENS, ROBERT D 211 CHANNELSIDE DRIVE TAMPA FL 33602	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition  500003148885--6 -02/28/00--01020--003 *****50.00 *****50.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SCHUENAMAN, DAVID 211 CHANNELSIDE DRIVE TAMPA FL 33602	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SCHLICHTING, KELLY 211 CHANNELSIDE DRIVE TAMPA FL 33602	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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 REQUIRED** DAVID C. SCHUENAMAN  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER  
Date 2-7-00 Daytime Phone # 813-245-2132

CR2E083 (9/99)