

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000003532

1. Entity Name

SOUTHERN ENVIRONMENTAL SOLUTIONS, LLC

Principal Place of Business

801 TWELFTH AVE. SOUTH, SUITE 300  
NAPLES FL 34103

Mailing Address

801 TWELFTH AVE. SOUTH, SUITE 300  
NAPLES FL 34102-7336

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

4. FEI Number

65-0972421

☒ Applied For

☐ Not Applicable

5. Certificate of Status Desired



\$5.00 Additional Fee Required

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.

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 Department of State**

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE NAME MGRM  
STREET ADDRESS HOLLEY, ALICE FAYE  
CITY- ST- ZIP P.O. BOX 771122  
NAPLES FL 34107

TITLE NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE NAME MGRM  
STREET ADDRESS DEPASQUALE, VINCENT  
CITY- ST- ZIP 801 12TH AVE. SOUTH  
NAPLES FL 34102

TITLE NAME  
STREET ADDRESS  
CITY- ST- ZIP

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STREET ADDRESS  
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.

SIGNATURE:

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

01-19-00

Date

941-7614191

Daytime Phone #

APPROVED  
AND  
FILED

00 APR 21 AM 8:55

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

CR2E083 (9/99)