

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000005087

1. Entity Name

SURBEC ENVIRONMENTAL, L.L.C.

FILED

00 JAN 14 PM 4:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

3200 MARSHALL AVE., STE 200
NORMAN OK 73072

Mailing Address

3200 MARSHALL AVE., STE 200
NORMAN OK 73072-8032

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

73-1511240

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MANN, MIKE

14497 N DALE MABRY HWY, STE 240
TAMPA FL 33618

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

TITLE NAME MGR
NAME MANN, MIKE J
STREET ADDRESS 14497 N. DALE MABRY HWY
CITY-ST-ZIP TAMPA FL

☐ Delete

TITLE NAME MGRM
NAME BRACKIN, MARSHALL
STREET ADDRESS 3200 MARSHALL AVE., #200
CITY-ST-ZIP NORMAN OK

☐ Delete

TITLE NAME
NAME
STREET ADDRESS
CITY-ST-ZIP

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10. ADDITIONS/CHANGES

TITLE NAME
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE NAME
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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:

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

Marshall Brackin

01-10-00

Date

405-364-9726

Daytime Phone #