

2001 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

0016966 AF

DOCUMENT # L99000005849

1. Entity Name
H&K CONSERVATION SOLUTIONS LLC

01 MAY -8 AM 11:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
400 NORTH ASHLEY DRIVE
STE 2300
TAMPA FL 33602

Mailing Address
400 NORTH ASHLEY DRIVE
STE 2300
TAMPA FL 33602



2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

DO NOT WRITE IN THIS SPACE

4. FEI Number **59-3603798**
APPLIED FOR

Applied For
Not Applicable

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

INTRASTATE REGISTERED AGENT CORPORATION
701 BRICKELL AVE., STE 3000
MIAMI FL 33131

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 MGR
STREET ADDRESS APS MANAGEMENT INC
CITY-ST-ZIP 400 NORTH ASHLEY DRIVE, STE 2300
TAMPA FL

☒ Delete

TITLE NAME Mgr.
STREET ADDRESS Holland & Knight Consulting, Inc
CITY-ST-ZIP 400 North Ashley Drive, Suite 2300
Tampa, FL 33602

☒ Change ☐ Addition

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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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 #

4/27/01 904-798-5477

CR2E083 (11/00)