

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000008580

1. Entity Name

ENVIRONMENTAL HEALTH TESTING LLC

FILED
Apr 22, 2002 8:00 am
Secretary of State

04-22-2002 90155 041 ****50.00

Principal Place of Business

1200 E. HILLCREST ST., SUITE 303
ORLANDO FL 32803

Mailing Address

1200 E. HILLCREST ST., SUITE 303
ORLANDO FL 32803

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 59-3618606

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

COTTRILL, CHRIS
110 E. HILLCREST ST.
ORLANDO FL 32801

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
Due By May 1, 2002

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE MGR
NAME LINGARD, C. ☐ Delete
STREET ADDRESS 1200 E. HILLCREST ST., SUITE 303
CITY-ST-ZIP ORLANDO FL 32803

TITLE MGR
NAME MURALI, K. ☐ Change ☒ Addition
STREET ADDRESS 1200 E. HILLCREST ST. SUITE 303
CITY-ST-ZIP ORLANDO FL 32803

TITLE MGR
NAME HAVERSON, N. ☐ Delete
STREET ADDRESS 1200 E. HILLCREST ST., SUITE 303
CITY-ST-ZIP ORLANDO FL 32803

TITLE MGR
NAME COX, D. ☐ Change ☒ Addition
STREET ADDRESS 1200 E. HILLCREST ST. SUITE 303
CITY-ST-ZIP ORLANDO FL 32803

TITLE MGR
NAME INCE, G. ☐ Delete
STREET ADDRESS 1200 E. HILLCREST ST., SUITE 303
CITY-ST-ZIP ORLANDO FL 32803

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

TITLE MGR
NAME SLEE, G. ☐ Delete
STREET ADDRESS 1200 E. HILLCREST ST., SUITE 303
CITY-ST-ZIP ORLANDO FL 32803

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

TITLE MGR
NAME WAITE, D. ☒ Delete
STREET ADDRESS 1200 E. HILLCREST ST., SUITE 303
CITY-ST-ZIP ORLANDO FL 32803

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

TITLE MGR
NAME COX, D. ☐ Delete
STREET ADDRESS 1200 E. HILLCREST ST., SUITE 303
CITY-ST-ZIP ORLANDO FL 32803

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 REQUIRED GARY INCE

04/11/02

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

Date

Daytime Phone #

CR2E083 (9/01)