

**2003 LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

FILED
Mar 18, 2003 8:00 am
Secretary of State

03-18-2003 90152 037 ****50.00

DOCUMENT # L99000008580

1. Entity Name

ENVIRONMENTAL HEALTH TESTING LLC



Principal Place of Business

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

Mailing Address

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

30043014



☐ CHECK HERE IF MAKING CHANGES

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

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

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 Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR	<input type="checkbox"/> Delete
NAME	LINGARD, CHRIS	
STREET ADDRESS	1200 E. HILLCREST ST., SUITE 303	
CITY-ST-ZIP	ORLANDO FL 32803	
TITLE	MGR	<input type="checkbox"/> Delete
NAME	HAVERSON, NIGEL	
STREET ADDRESS	1200 E. HILLCREST ST., SUITE 303	
CITY-ST-ZIP	ORLANDO FL 32803	
TITLE	MGR	<input checked="" type="checkbox"/> Delete
NAME	INCE, G.	
STREET ADDRESS	1200 E. HILLCREST ST., SUITE 303	
CITY-ST-ZIP	ORLANDO FL 32803	
TITLE	MGR	<input type="checkbox"/> Delete
NAME	SLEE, GRAHAM	
STREET ADDRESS	1200 E. HILLCREST ST., SUITE 303	
CITY-ST-ZIP	ORLANDO FL 32803	
TITLE	MGR	<input type="checkbox"/> Delete
NAME	MURALI, KRIS	
STREET ADDRESS	1200 E. HILLCREST STREET STE.#303	
CITY-ST-ZIP	ORLANDO FL 32803	
TITLE	MGR	<input type="checkbox"/> Delete
NAME	COX, DAVID	
STREET ADDRESS	1200 E. HILLCREST ST., SUITE 303	
CITY-ST-ZIP	ORLANDO FL 32803	

10. ADDITIONS/CHANGES

TITLE	MGR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	COX, DALE	
STREET ADDRESS	1200 E. HILLCREST ST, STE 303	
CITY-ST-ZIP	ORLANDO, FL 32803	
TITLE	MGR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	McSWANE, DAVID	
STREET ADDRESS	1200 E. HILLCREST ST, STE 303	
CITY-ST-ZIP	ORLANDO, FL 32803	
TITLE	MGR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PHILLIPS, ANDREW	
STREET ADDRESS	1200 E. HILLCREST ST, STE 303	
CITY-ST-ZIP	ORLANDO, FL 32803	
TITLE	MGR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SMITH, ANDREW	
STREET ADDRESS	1200 E. HILLCREST ST, STE 303	
CITY-ST-ZIP	ORLANDO, FL 32803	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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 REQUIRED

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

Date

Daytime Phone #

3/11/03

407-894-6405

CR2E083 (10/02)