

2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

00 APR -6 AM 11:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

nf

DO NOT WRITE IN THIS SPACE

DOCUMENT # L99000009314

i. Entity Name
HURN ENVIROMENTAL SERVICES, LLC

Principal Place of Business Mailing Address

2. Principal Place of Business
1644 BLANDING BLVD
Suite, Apt. #, etc.
SUITE 2
City & State
JACKSONVILLE FL.
Zip
32210
Country
U.S.A.

3. Mailing Address
AS PRINCIPAL
Suite, Apt. #, etc.
City & State
Zip
Country

4. FEI Number
59-3616408
Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent
ANTHONY A. HURN MGR
4578 MEASON LN
JACKSONVILLE
FL 32205

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 ANTHONY A. HURN OWNER (NOTE: Registered Agent signature required when reinstating)
Signature, typed or printed name of registered agent and title if applicable. DATE 2/22/00

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS / MEMBERS		10. ADDITIONS / CHANGES	
TITLE OWNER (MGR) NAME HURN ENVIRONMENTAL SERVICES LLC STREET ADDRESS 1644 BLANDING BLVD #2 CITY-ST-ZIP JACKSONVILLE, FL 32210	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: *Anthony A. Hurn* 2/22/00 904 387 8448
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER Date Daytime Phone #

CR2E083 (11/99)