2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #   L99000009314

1. Entity Name

HURN ENVIROMENTAL SERVICES, LLC

0002667   AF

Principal Place of Business	Mailing Address
1644 BLANDING BLVD., STE. 2 JACKSONVILLE FL 32210	1644 BLANDING BLVD., STE. 2 JACKSONVILLE FL 32210

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

4503 IRVINGTON Ave

Suite, Apt. #, etc.

Suite 10

City & State

Zip 32210   Country

3. Mailing Address

4503 IRVINGTON Ave

Suite, Apt. #, etc.

Suite 10

City & State

Zip 32210   Country

4. FEI Number   59-3615408 | 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**
HURN, ANTHONY A 4573 MERSON LN. JACKSONVILLE FL 32205	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 STREET ADDRESS CITY-ST-ZIP	MGRM HURN ENVIROMENTAL SERVICES LLC 1644 BLANDING BLVD., STE. 2 JACKSONVILLE FL 32210	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	4503 IRVINGTON Ave Suite 10	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	**SIGN** **H E R E**	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

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*****50.00   *****50.00

CR2E083 (11/00)

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: _____   4/1/01   904 387 8448

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE   Date   Daytime Phone #