

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 01, 2003 8:00 am**  
**Secretary of State**

05-01-2003 90271 031 \*\*\*\*50.00

**DOCUMENT # M00000001989**

1. Entity Name

**OCEANAIR ENVIRONMENTAL FUELS AND GLYCERINE, LLC**



Principal Place of Business

**1248 GEORGE JENKINS BLVD.  
LAKELAND FL 33815**

Mailing Address

**1248 GEORGE JENKINS BLVD.  
LAKELAND FL 33815**

2. Principal Place of Business

3. Mailing Address

**1248 George Jenkins Blvd.**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**Bldg. J-4**

City & State

City & State

**Lakeland, FL**

Zip

Country

Zip

Country

**33815**

**USA**

4. FEI Number

**59-3671620**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00 Additional  
Fee Required**

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**TALWAR, MAHESH  
1248 GEORGE JENKINS BLVD.  
BLDG. J-4  
LAKELAND FL 33815**

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. 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

10. ADDITIONS/CHANGES

TITLE **MGR** ☐ Delete  
NAME **DAVIS, JAMES S**  
STREET ADDRESS **2935 SHOAL CREEK DR.**  
CITY-ST-ZIP **LAKELAND FL 33803**

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

TITLE **MGR** ☒ Delete  
NAME **BERRY, WILLIAM W**  
STREET ADDRESS **P.O. BOX 6636**  
CITY-ST-ZIP **LAKELAND FL 33807**

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ 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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

**SIGNATURE OF James S. Davis**

Date

Daytime Phone #

**04/23/03 (863)683-7199**

CR2E083 (10/02)