2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
May 27, 2003 8:00 am
Secretary of State
04-30-2003 90185 007 ****55.00

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DOCUMENT # M02000002754

1. Entity Name
ECOLOGICAL TECHNOLOGIES, LLC

44002384

Principal Place of Business	Mailing Address
19028 7TH COURT NORTH LAKE WORTH FL 33461	19028 7TH COURT NORTH LAKE WORTH FL 33461

☑ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
855 NW 17 AVENUE	855 NW 17 AVENUE
Suite, Apt. #, etc. SUITE A	Suite, Apt. #, etc. SUITE A
City & State DELRAY BEACH, FL.	City & State DELRAY BEACH, FL.
Zip: 33445 Country: USA	Zip: 33445 Country: USA

4. FEI Number APPLIED FOR 45-0488059 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☑ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

LEXISNEXIS DOCUMENT SOLUTIONS INC.
3953 W.W. KELLY ROAD
TALLAHASSEE FL 32311

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

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	~~MEMBER~~ MANAGING MEMBER ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	DENNIS PAUL	NAME	
STREET ADDRESS	855 NW 17 AVENUE, SUITE A	STREET ADDRESS	
CITY-ST-ZIP	DELRAY BEACH, FL. 33445	CITY-ST-ZIP	
TITLE	~~MEMBER MANAGING~~ ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	JENNIFER BAILEY, MANAGING MEMBER	NAME	
STREET ADDRESS	855 NW 17 AVENUE, SUITE A	STREET ADDRESS	
CITY-ST-ZIP	DELRAY BEACH, FL. 33445	CITY-ST-ZIP	
TITLE	~~MEMBER~~ MANAGING MEMBER ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	JEFF McCOLLUM	NAME	
STREET ADDRESS	855 NW 17 AVENUE, SUITE A	STREET ADDRESS	
CITY-ST-ZIP	DELRAY BEACH, FL. 33445	CITY-ST-ZIP	
TITLE	~~MEMBER~~ MANAGING MEMBER ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	WILLIAM SWANEY	NAME	
STREET ADDRESS	855 NW 17 AVENUE, SUITE A	STREET ADDRESS	
CITY-ST-ZIP	DELRAY BEACH, FL. 33445	CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

CR2E083 (10/02)

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~~ Jennifer Bailey 4/24/03 561.243.2008
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #