

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M96000000268

1. Entity Name

ENVIRONMENTAL MANAGEMENT RESOURCES, L.C.

FILED

00 JAN 24 PM 3:45

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business

1010 E. 86TH STREET, SUITE 46C  
INDIANAPOLIS IN 46240

Mailing Address

1010 E. 86TH STREET, SUITE 46C  
INDIANAPOLIS IN 46240-1801

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

DO NOT WRITE IN THIS SPACE

4. FEI Number

35-1939697

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional  
Fee Required

6. Name and Address of Current Registered Agent

BOCK, STEVEN  
3108 ROLLING ACRES PLACE, SUITE A  
VALRICO FL 33594

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

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

TITLE MGRM  
NAME JESSEE, STEVEN M  
STREET ADDRESS 1010 E, 86TH STREET, SUITE 46C  
CITY-ST-ZIP INDIANAPOLIS IN 46240

TITLE MGRM  
NAME NIEMANN, SAMUEL J  
STREET ADDRESS 1010 E, 86TH STREET, SUITE 46C  
CITY-ST-ZIP INDIANAPOLIS IN 46240

TITLE  
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CITY-ST-ZIP

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10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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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 OR MANAGER

Date

Daytime Phone #

Steven M Jesse 01/18/2000 317-581-0468