

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M98000001067
 1. Entity Name
 SOUTHEASTERN ENVIRONMENTAL CONSULTANTS, LLC

APPROVED
 AND
 FILED

GO MAY 12 PM 1:19

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business 412B NORTH WESTOVER BLVD. ALBANY GA 31707	Mailing Address 412B NORTH WESTOVER BLVD. ALBANY GA 31707-2131
2. Principal Place of Business 412 North Westover Blvd Suite, Apt. #, etc.	3. Mailing Address 412 North Westover Blvd Suite, Apt. #, etc.

City & State Albany GA	City & State Albany GA	4. FEI Number 58-2400835	Applied For Not Applicable
Zip 31707	Country	5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent YOUNG, ROBERT 233 DOWNY BRANCH COURT JACKSONVILLE FL 32225	7. Name and Address of New Registered Agent Name Wesley F Wiley Street Address (P.O. Box Number is Not Acceptable) 8810 Paul Stark Drive City Pensacola FL Zip Code 32514
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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 Wesley F Wiley, Branch Manager DATE 5/10/00
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 Department of State

9. MANAGING MEMBERS / MEMBERS		10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GUNTER, CHAD E 412B NORTH WESTOVER BLVD. ALBANY GA 31707 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 400003283954--6 -06/12/00--01008--003 *****50.00 *****50.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ELLION, DAVID 412B NORTH WESTOVER BLVD. ALBANY GA 31707 <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
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
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
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: Johanna E Simmons Johanna E Simmons Office mgr 01/12/2000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER Date Daytime Phone #

0013830 AF

CR2E083 (9/99)