

2002 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # N38152**

1. Entity Name

FLORIDA ENVIRONMENTAL ASSESSORS ASSOCIATION, INC**FILED**
Feb 17, 2002 8:00 am
Secretary of State

02-17-2002 90103 005 *****61.25

0081404

Principal Place of Business

Mailing Address

1608 METROPOLITAN CIRCLE
SUITE B
TALLAHASSEE FL 32308
USP.O. BOX 38070
TALLAHASSEE FL 32315
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **65-0247657**

Applied For

Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

JONES, EUGENE B
1608 METROPOLITAN CIRCLE
SUITE B
TALLAHASSEE FL 32308

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 \$61.259. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees**Make Check Payable to
Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PD** ☐ Delete
NAME **HILFIKER, STEPHEN**
STREET ADDRESS **4131 5TH AVENUE SW**
CITY-ST-ZIP **NAPLES FL**TITLE **P** ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **SD** ☐ Delete
NAME **STOWE, DARREN**
STREET ADDRESS **5405 CYPRESS CENTER DR., STE. 200**
CITY-ST-ZIP **TAMPA FL**TITLE **VO** ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **TD** ☐ Delete
NAME **STEPHENS, ROBERT**
STREET ADDRESS **14409 N. NEBRASKA AVENUE, STE. A**
CITY-ST-ZIP **TAMPA FL**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **VO** ☐ Delete
NAME **TWSI, WENDY**
STREET ADDRESS **612 SW 1ST AVE**
CITY-ST-ZIP **OCALA FL**TITLE **PD** ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with an other like empowered.

SIGNATURE: 

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNER OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)