

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 17, 2000 8:00 am
Secretary of State

05-17-2000 90867 034 ****61.25

DOCUMENT # N99000006807

1. Entity Name

ENVIRONMENTAL PROFESSIONALS OF FLORIDA, INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business PO BOX 3241 ST. PETERSBURG FL 33731	Mailing Address PO BOX 3241 ST. PETERSBURG FL 33731-3241
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
City & State	City & State

Zip	Country	Zip	Country	4. FEI Number 59-3614534	Applied For <input type="checkbox"/> Not Applicable
				5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent CUBA, THOMAS ROBERT 4557 BEACH DRIVE S.E. ST. PETERSBURG FL 33705			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW:
FEE IS \$61.25**

9. 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 NAME STREET ADDRESS CITY-ST-ZIP	D BECK, JESSICA L 151 S. BABCOCK ST, APT. 155 MELBOURNE FL 32901	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MD Thomas Robert Cuba 4557 Beach Dr SE St Petersburg FL 33705
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KRUEMPEL, CRAIG 2481 NW BOCA RATON BLVD. BOCA RATON FL 33431	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HALE, KATHLEEN S 17 S LAKE AVE., STE. #201 ORLANDO FL 32801	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LOONEY, PAUL 3 WEST GARDEN ST, STE. 300 PENSACOLA FL 32501	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KERR, BILL 325 FIFTH AVE., #208 INDIALANTIC FL 32903	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WEINBERG, ED 49 FLAGLER AVE., STE. 202 STUART FL 34994	TITLE 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 all other like empowered.

SIGNATURE: _____ DATE: **4/27/2000** DAYTIME PHONE #: **727 823 2443**

CR2E037 (9/99)