

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 29, 2001 8:00 am
Secretary of State

03-29-2001 90360 042 ****61.25

DOCUMENT # N99000006807

1. Entity Name

ENVIRONMENTAL PROFESSIONALS OF FLORIDA, INC.

Principal Place of Business

Mailing Address

PO BOX 3241
 ST. PETERSBURG FL 33731

PO BOX 3241
 ST. PETERSBURG FL 33731

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3614534

Applied For

Not Applicable

5. Certificate of Status Desired

~~NOT~~ ~~Fee Required~~

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CUBA, THOMAS ROBERT
4557 BEACH DRIVE S.E.
ST. PETERSBURG FL 33705

Name: *Cuba, Thomas Robert*

Street Address (P.O. Box Number is Not Acceptable)

447 3rd Av No.

City: *St Petersburg*

FL

Zip Code: *33701*

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

Thomas R Cuba

3-22-01

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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

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	D	<input type="checkbox"/> Delete
NAME	BECK, JESSICA L	
STREET ADDRESS	151 S. BABCOCK ST, APT. 155	
CITY-ST-ZIP	MELBOURNE FL 32901	
TITLE	D	<input type="checkbox"/> Delete
NAME	KRUEMPEL, CRAIG	
STREET ADDRESS	2481 NW BOCA RATON BLVD.	
CITY-ST-ZIP	BOCA RATON FL 33431	
TITLE	D	<input type="checkbox"/> Delete
NAME	HALE, KATHLEEN S	
STREET ADDRESS	17 S LAKE AVE., STE. #201	
CITY-ST-ZIP	ORLANDO FL 32801	
TITLE	D	<input type="checkbox"/> Delete
NAME	LOONEY, PAUL	
STREET ADDRESS	3 WEST GARDEN ST, STE. 300	
CITY-ST-ZIP	PENSACOLA FL 32501	
TITLE	D	<input type="checkbox"/> Delete
NAME	KERR, BILL	
STREET ADDRESS	325 FIFTH AVE., #208	
CITY-ST-ZIP	INDIALANTIC FL 32903	
TITLE	D	<input type="checkbox"/> Delete
NAME	WEINBERG, ED	
STREET ADDRESS	49 FLAGLER AVE., STE. 202	
CITY-ST-ZIP	STUART FL 34994	

TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> 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 all other like empowered.

SIGNATURE:

Craig J. Krumpel

3/29/01

561-391-8102

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)