

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N99000006807

1. Entity Name

ENVIRONMENTAL PROFESSIONALS OF FLORIDA, INC.

**FILED**  
**May 13, 2002 8:00 am**  
**Secretary of State**

05-13-2002 90068 006 \*\*\*\*61.25

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

Zip

Country

Zip

Country

4. FEI Number

59-3614534

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

CUBA, THOMAS ROBERT  
447 3RD AVE NORTH  
SAINT PETERSBURG FL 33701

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 \$61.25

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  
NAME BECK, JESSICA L  
STREET ADDRESS 151 S. BABCOCK ST, APT. 155  
CITY-ST-ZIP MELBOURNE FL 32901 ☐ Delete

TITLE D  
NAME Cuba, Thomas Robert  
STREET ADDRESS 447 3rd Ave N  
CITY-ST-ZIP St. Petersburg, FL 33701 ☐ Change ☒ Addition

TITLE D  
NAME KRUEMPFL, CRAIG  
STREET ADDRESS 2481 NW BOCA RATON BLVD.  
CITY-ST-ZIP BOCA RATON FL 33431 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE D  
NAME HALE, KATHLEEN S  
STREET ADDRESS 17 S LAKE AVE., STE. #201  
CITY-ST-ZIP ORLANDO FL 32801 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE D  
NAME LOONEY, PAUL  
STREET ADDRESS 3 WEST GARDEN ST, STE. 300  
CITY-ST-ZIP PENSACOLA FL 32501 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE D  
NAME KERR, BILL  
STREET ADDRESS 325 FIFTH AVE., #208  
CITY-ST-ZIP INDIANLANTIC FL 32903 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE D  
NAME WEINBERG, ED  
STREET ADDRESS 49 FLAGLER AVE., STE. 202  
CITY-ST-ZIP STUART FL 34994 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

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:

*Signature of Bill Kerr*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/25/02

561-391-8102

CR2E037 (9/01)