

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000041470

1. Entity Name

ENVIRONMENTAL ASSESSMENTS & CONSULTING, INC.

FILED

Sep 21, 2000 8:00 am  
Secretary of State

09-21-2000 90001 001 \*\*\*550.00

Principal Place of Business

1882 PORTER LAKE DR #105  
SARASOTA FL 34240-7808  
US

Mailing Address

1882 PORTER LAKE DR #105  
SARASOTA FL 34240-7808  
US

2. Principal Place of Business

1882 Porter Lake Drive  
Suite, Apt. #, etc.  
#105

3. Mailing Address

1882 Porter Lake Drive  
Suite, Apt. #, etc.  
#105

City & State

Sarasota Florida

City & State

Sarasota Florida

Zip

34240

Country

USA

Zip

34240

Country

USA

4. FEI Number

65-0416292

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

DRAKE, J. KEVIN ESQ.  
1343 MAIN STREET  
SUITE 204  
SARASOTA FL 34236

7. Name and Address of New Registered Agent

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

9. This corporation is eligible to satisfy its Intangible  
Tax filing requirement and elects to do so.  
(See criteria on back) ☐

**FILE NOW!!! FEE IS \$550.00**  
**After SEPTEMBER 13, 2000 Min. will be \$750.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE D ☐ Delete  
NAME BRADSHAW, JOHN P  
STREET ADDRESS 1882 PORTER LAKE DR #105  
CITY-ST-ZIP SARASOTA FL 34240-7808

TITLE D ☒ Delete  
NAME SCHMIDT, DAVID R  
STREET ADDRESS 1882 PORTER LAKE DR #105  
CITY-ST-ZIP SARASOTA FL 34240-7808

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

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

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

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8-16-00

941-328-8844

Date

Daytime Phone #

CR2E034 (5/00)