

2002 UNIFORM BUSINESS REPORT (UBR)**FILED**
Feb 04, 2002 8:00 am
Secretary of State

02-04-2002 90133 031 ***158.75

DOCUMENT # P93000067592

1. Entity Name

ENVIRONMENTAL MANAGEMENT & DESIGN, INC.

Principal Place of Business

17 S. LAKE AVE.**SUITE 201****ORLANDO FL 32801**

Mailing Address

17 S. LAKE AVE.**SUITE 201****ORLANDO FL 32801**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

3333 S. Orange Ave., Ste. 220

Suite, Apt. #, etc.

3333 S. Orange Ave., Ste. 220

City & State

Orlando, FL

City & State

Orlando, FL

4. FEI Number

59-3213438

Applied For

Not Applicable

Zip

Country

32806

Zip

Country

32806

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HALE, KATHLEEN S**17 S. LAKE AVE.****SUITE 101****ORLANDO FL 32801**

Name

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

3333 S. Orange Avenue**Suite 220**City
Orlando**FL**Zip Code
32806

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

01-07-029. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐**FILE NOW!!! FEE IS \$150.00**
After May 1, 2002 Fee will be \$550.00
Make Check Payable to Department of State10. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00 May Be**
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
HALE, KATHLEEN S
17 S LANE AVE STE 201
ORLANDO FL 32801 ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☒ Change ☐ Addition
3333 S. Orange Avenue, Suite 220
Orlando, FL 32806TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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: Kathleen S. Hale, President 01-07-02 (407) 854-3550

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)