2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000065244

1. Entity Name

ENVIRONMENTAL CONCEPTS CONSTRUCTION COMPANY



FILED Jan 16, 2003 8:00 am Secretary of State

01-16-2003 90156 029 ***150.00

					O WE !					
	ace of Business R OAKS AVE 33611-2708	3210 W	Mailing Address 3210 W FAIR OAKS AVE TAMPA FL 33611-2708 US							
2. Principal	Place of Business	3. Mailir	3. Mailing Address				:			
Suite, Ap	t. #, etc.	Suite,	Suite, Apt. #, etc.				☐ CHECK HERE IF MAKING CHANGES			
City & Sta	ate	City &	City & State			4.	4. FEI Number 59-3380092 Applied For Not Applicable			
Zip Country			Zip Count			5. Certificate of Status Desired See Required				
- 6Name and Address of Current Registered Agent						7	- 7. Name and Address of New Registered Agent			
		3	, .g		Nome		Name and Address of New Registers	a Agent		
RILEY, STEVEN P ESQ.				ĺ	Name Street Address (P.O. Box Number is Not Acceptable)					
4805 W LAUREL ST. SUITE 230					Street Address (P.O. Box Number is Not Acceptable)					
tampa f	L 33607						•			
	·	-			City	'	F			
the obligation	e named entity submits this stateme ttions of registered agent.	ent for the purpos	e of changing its	registere	d office or regis	stered ag	gent, or both, in the State of Florida. I a	m familiar with,	, and accept	
SIGNATUŖE	Signature, typed or printed name of registered	agent and title if applica	ble. (NOTI	E: Registered	Agent signature requ	uired when re	einstating) DATE			
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS							Election Campaign Financing Trust Fund Contribution.	Adde	00 May Be d to Fees	
TITLE	P/D	NIND DIFFECTORS		11.		AL	DDITIONS/CHANGES TO OFFICERS A	ND DIRECTOR	S IN 11	
NAME STREET ADDRESS CITY-ST-ZIP	CRAVEN, DANIEL R. 3210 W FAIR OAKS AVE TAMPA FL 33611		☐ Delete	TITLE NAME STREET CITY-S	ADDRESS T-ZiP			☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S CRAVEN, LAURA M. 3210 W. FAIR OAKS AVE. TAMPA FL 33611-2708	Ļ		CITY-S	ADDRESS T-ZIP			Change	Addition	
NAME STREET ADDRESS CITY-ST-ZIP	د میدستنو بی ند که ا نگهایید - میشد که سه محمد د	The state of the s	Delete - Delete	NAME	ADDRESS T-ZIP	÷	and the second s	Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			□ Delete	TITLE NAME STREET CITY-ST	ADDRESS 1-ZIP			☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete	TITLE NAME STREET	ADDRESS 1-ZIP			Change	Addition	
TITLE NAME STREET ADDRESS STY_ST_TIP			☐ Delete	TITLE NAME STREET	ADDRESS	,,,,,,,,		Change	Addition	

12. I hereby certify that the information supplied with this filling 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 10 or Block 11 if the compowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/14/03

813 610-6611

Daytime Phone #