

2000 UNIFORM BUSINESS REPORT (UBR)

FILED

Jul 07, 2000 8:00 am
Secretary of State

07-07-2000 90396 016 ***550.00

DOCUMENT # P99000038903

1. Entity Name ✓
ENVIRONMENTAL PARTNERS, INC.

Principal Place of Business Mailing Address
1732 MORO STREET JACKSONVILLE FL 32207 **P.O. BOX 5153 JACKSONVILLE FL 32247-5153**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
1878 Plantation Oaks Dr
 Suite, Apt. #, etc.

3. Mailing Address
P.O. Box 5153
 Suite, Apt. #, etc.

City & State
Jacksonville FL

City & State
Jacksonville FL

4. FEI Number
59-3576237

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

Zip
32223 Country **Doval**

Zip
32207 Country **Doval**

6. Name and Address of Current Registered Agent

HUGGINS, EVE MARIE
1732 MORO STREET
JACKSONVILLE FL 32207

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 _____ (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.

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	NAME	TITLE	NAME
	Principal Eve Huggins	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS	1878 Plantation Oaks Dr	STREET ADDRESS	
CITY-ST-ZIP	Jacksonville, FL 32223	CITY-ST-ZIP	
	Principal Robert Schuster	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS	1878 Plantation Oaks Dr	STREET ADDRESS	
CITY-ST-ZIP	Jacksonville, FL 32223	CITY-ST-ZIP	
	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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] **DATE REQUIRED** **6-29-00** **904/880-6933**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #