

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # V09295

1. Entity Name
ENVIRONMENTAL PROPERTY AUDITS, INC.

FILED
Jan 19, 2000 8:00 am
Secretary of State

01-19-2000 90128 032 ***150.00

Principal Place of Business 12700 BISCAYNE BLVD. 401 N. MIAMI FL 33181 US	Mailing Address 12700 BISCAYNE BLVD. 401 N. MIAMI FL 33181-2024 US
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00004213



DO NOT WRITE IN THIS SPACE

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 **65-0312031**

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent
WOOD, BYRON R.
12700 BISCAYNE BLVD.
SUITE 401
N. MIAMI FL 33181

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. (See criteria on back)

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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P WOOD, BYRON R. 12700 BICAYNE BLVD, STE 401 N. MIAMI FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V HANSKAT, JAMES T 12700 BISCAYNE BLVD., STE 401 N. MIAMI FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST MCKIBBIN, DONNA 12700 BISCAYNE BLVD., STE 401 N. MIAMI FL
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: Donna Mckibbin 1-6-2000 (305) 895-9788

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

CR:ED:14 (9/99)