2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR

V24152 **DOCUMENT #**

1. Entity Name

CERTIFIED ENVIRONMENTAL PROPERTY AUDITS, INC.



FILED Feb 04, 2003 8:00 am Secretary of State

02-04-2003 90106 026 ***150.00

Principal Place of Business 160 CIRCLE DRIVE MAITLAND FL 32751			160 C	Mailing Address 160 CIRCLE DRIVE MAITLAND FL 32751									
2. Principal Pla	ace of Busine	ess	3. Maili	3. Mailing Address									
Suite, Apt. #	#, etc.		Suite	Suite, Apt. #, etc.				CHECK HERE IF MAKING CHANGES					
City & State	· ——-		City	City & State				FEI Number	59-312383	3		oplied For ot Applicable	
Zip Country			Zip		Count	ry	5. Certificate of Status Desired				S8.75 Additional Fee Required		
	6. Name	and Address of Curre	nt Registere	d Agent		7.	Name and A	dress of New	Registered A	Agent			
	UI TIGHT					Name		,			÷		
GOLDBER	G, HENRY	B. 1		s			eet Address (P.O. Box Number is Not Acceptable)						
	NYSIDE DF												
* MAITLAND	FL 32751				2.						<u>.</u>		
				S _e		City	FL Zip Code				le		
the obligati	ions of regist	-		•						DATE			
	Signature, typed	or printed name of registered ag	ent and title if app	licable. (NOT	E: Registere	d Agent signatu	re required when	Teinstating)					
After	May 1, 200	! FEE IS \$150.00 3 Fee will be \$550.0 Florida Department	0 of State					Trust	ion Campaign I Fund Contribut	ion. [Adde	00 May Be d to Fees	
10.	<u>-</u>	OFFICERS AN		RS	11.		A	DDITIONS/C	HANGES TO O	FFICERS AND	DIRECTOR		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	160 CIRCI	G, HENRY B. LE DRIVE) FL 32751		Delete				-			☐ Change	Addition	
TITLE NAME STREET ADORESS CITY-ST-ZIP	VSD GOLDBER 160 CIRC	G, JOAN P.	+- 	Delete							☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	100 UT			□ Delete			160 Ci	A R. MA rcle Dr			Change	X Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete	TITL NAM STR	E		, , , , ,			☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	:			☐ Delete	TITL NAM STR	E			-		☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-7IP			, .	. Delete							☐ Change	Addition	

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered. AMONGO UNITATION HENRY B. Goldberg

SIGNATURE:

CITY-ST-ZIP

1/25/03

407-628-4405

Daytime Phone #