2001 UNIFORM BUSINESS REPORT (UBR)

FILED Apr 26, 2001 8:00 am Secretary of State DOCUMENT # P95000084710 ENVIROMETRIXS SYSTEM, INC. 04-26-2001 90210 007 ***150.00 Principal Place of Business Mailing Address 4123 AMBER LANE 4123 AMBER LANE PALM HARBOR FL 34685 PALM HARBOR FL 34685 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 59-3342920 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name JACQUES, NORMAN Street Address (P.O. Box Number is Not Acceptable) 4123 AMBER LANE PALM HARBOR FL 34685 Zip Code FL 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 FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing **\$5.00** May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 PD TITLE TITLE ☐ Delete ☐ Change ■ Addition NAME JACQUES, NORMAN NAME STREET ADDRESS 4123 AMBER LN STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP PALM HARBOR FL ☐ Delete TITLE TITLE ☐ Change ☐ Addition NAME JACQUES, NAHED NAME STREET ADDRESS 4123 HARBOR LN STREET ADDRESS CITY-ST-ZIP PALM HARBOR FL CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition ANIS-MOHAMED, TERRY NAME NAME STREET ADDRESS STREET ADDRESS 7312 LAKE MAGNOLIA DR CITY-ST-ZIP CITY-ST-ZIP **NEW PT RICHEY FL** TITLE TITI E ☐ Delete [] Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS

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.

CITY-ST-ZIP

SIGNATURE:

CITY-ST-7IP

CR2E034 (10/00)