

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 04, 2002 8:00 am
Secretary of State

03-04-2002 90013 019 ***150.00

DOCUMENT # P95000084710

1. Entity Name
ENVIROMETRIXS SYSTEM, INC.

Principal Place of Business

**4123 AMBER LANE
 PALM HARBOR FL 34685
 US**

Mailing Address

**4123 AMBER LANE
 PALM HARBOR FL 34685
 US**



2. Principal Place of Business

13080 S. Belcher Rd.

3. Mailing Address

13080 S. Belcher Rd.

Suite, Apt. #, etc.

Suite 3-R

Suite, Apt. #, etc.

Suite 3-R

City & State

Largo, FL

City & State

Largo, FL

DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3342920

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**JACQUES, NORMAN
 4123 AMBER LANE
 PALM HARBOR FL 34685**

7. Name and Address of New Registered Agent

Name **TERRY ANIS-MOHAMED**
 Street Address (P.O. Box Number is Not Acceptable)
13080 S. BELCHER RD., STE 3-R
 City **LARGO** FL Zip Code **33773**

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

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, 2002 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	PD	<input checked="" type="checkbox"/> Delete
NAME	JACQUES, NORMAN	
STREET ADDRESS	4123 AMBER LN	
CITY-ST-ZIP	PALM HARBOR FL	
TITLE	STD	<input checked="" type="checkbox"/> Delete
NAME	JACQUES, NAHED	
STREET ADDRESS	4123 HARBOR LN	
CITY-ST-ZIP	PALM HARBOR FL	
TITLE	VP	<input type="checkbox"/> Delete
NAME	ANIS-MOHAMED, TERRY	
STREET ADDRESS	7312 LAKE MAGNOLIA DR	
CITY-ST-ZIP	NEW PT RICHEY FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	PRES/SEC.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	2109 GULF BLVD, UNIT 2A	
CITY-ST-ZIP	INDIAN ROCKS BEACH, FL 33785	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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 REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

✓ JAN 11/02

Date

✓ 727-531-9506

Daytime Phone #

CR2E034 (9/01)