## **2003 FOR PROFIT CORPORATION**

## UNIFORM BUSINESS REPORT (UBR) P97000093206

**DOCUMENT #** 1. Entity Name



**FILED** Apr 21, 2003 8:00 am & Secretary of State

04-21-2003 90551 017 \*\*\*150.00

ENVIRO-RESOURCES CORPORATION													
Principal Place of Business 9140 GOLFSIDE DR STE. 3 SOUTH JACKSONVILLE FL 32256 US				Mailing Address 9140 GOLFSIDE DR., STE. 3 SOUTH JACKSONVILLE FL 32256 US									
2. Principal Place of Business				3. Mailing Address								60  13  1  1  1  1  1  1  1  1  1  1  1  1	
Suite, Apt. #, etc.			Suite, Apt. #, etc.					☐ CHECK HERE IF MAKING CHANGES				3	
City & State			City & State					4. FEI t	59-3473955		<b></b>	applied For lot Applicable	<b>→</b>
Zip Country		. – Zip	Zip Cour		itry					\$8.75 Additional Fee Required			
	6. Name	and Address of Current	Registere	ed Agent	1			7. Nam	e and Address of New Re	gistered	Agent	,	ヿ
		,				Name							
YOUNG, JANICE F 12857 HUNTLEY MANOR DR.				5			Street Address (P.O. Box Number is Not Acceptable)						
JACKSONVILLE FL 32224													
									`	Æ	Zip Co	de	
8. The above	named entit	y submits this statement d	O = C	grand appoint its	s <b>yazij</b> ster	DIM'S	gistere	ed agent,	or both, in the State of Flori	da. I am	familiar with	, and accept	7
SIGNATURE .	Jan	ice S. You	ng	(dani	ce	F	You	m	)	Ax	oril	14,2a	تل
	V	or printed name of registered agent	and title it app	blicable. (NO)	l E: Registere	d Agent signatu	re required v	when reidstat	ing)	DAIH			4
After	r May 1, 20	!! FEE IS \$150.00 03 Fee will be \$550.00 o Florida Department o	State						<ol><li>Election Campaign Fina Trust Fund Contribution.</li></ol>			00 May Be ed to Fees	
10.	<del></del>	OFFICERS AND		l PRS	11.			. L ADDITI	ONS/CHANGES TO OFFIC	ERS ANI	D DIRECTOR	3S IN 11	-
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete	titli Nam Stre					-	☐ Change	Addition	1 _
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DCEO YOUNG, V 12857 HU	WILLIAM L. INTLEY MANOR DR IVILLE,FL.32224	<u>.</u> •	☐ Delete				-			Change	Addition	
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TITLE NAME STREET ADDRESS CITY-SI-ZIP				☐ Delete							Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			,	☐ Delete							☐ Change	Addition	
indicated of the cor	on this repo poration or the or on an atta	rt or supplemental report is ne receiver or trustee empo achment with arriaddress, v	true and wered to vith all oth	accurate and that i execute this report	my signat : as requir !.	ure shall ha ed by Char	oter 607,	ame legal Florida S	07(3)(i), Florida Statutes. I frefect as if made under oa tatutes; and that my name and the statutes and that my name and the statutes and the statutes and the statutes and the statutes are statutes.	th; that I a	am an officei	r or director or Block 11 if	