2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # **426626** Mar 09, 2000 8:00 am **Secretary of State** ENVIROCIVIL ENGINEERING, INC. 03-09-2000 90037 001 ***300.00 Mailing Address Principal Place of Business 2326 S CONGRESS AVE 2323 SOUTH CONGRESS AVENUE SUIYE 2-C STE 2-C WEST PALM BEACH FL 33406-7614 WEST PALM BEACH FL 33406 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 59-1465908 Not Applicable Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent HANSEN ARTHUR HANSEN, NABIL Street Address (P.O. Box Number is Not Acceptable) 2326 S CONGRESS AVE suite 1-A STE 2-C 2326 5 CONGRESS AVE. WEST PALM BEACH FL 33406 City West Alm Beach 33466 8. The above named entity submits this statement for the purpose of changing its registered office or regiptered agent, or both, in the State of Florida. 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, 2000 Fee will be \$550.00/ Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. PRESIDENT ☐ Addition TITLE 🛣 Delete TITLE NANCY ADAMS 4829 Blue Pine Circle HANSEN. NABIL NAME STREET ADDRESS 3300 S. OCEAN BLVD. STREET ADDRESS Lake worth, LL 33463 CITY-ST-ZIP CITY-ST-ZIP PALM BCH FL PRESIDENT TITLE **Delete** TITLE MANSEN BRTHUR HANSEN, ARMO NAMÉ NAMÉ 3300 \$. OCEAN BIVD., 5-405 STREET ADDRESS 3300 S. OCEAN BLVD. STREET ADDRESS CITY-ST-ZIP PALM BEACH, TL 33480 CITY-ST-ZIP PALM BEACH FL SECRETARY Delete TITI F TITLE TIMOTHY HANSEN ADAMS, NANCY NAME NAME 426 live Oak lane STREET ADDRESS 4829 BLUE PINE CIRCLE STREET ADORESS Boynton Beach IKL 33436 VICE PRESIDENT RO City-ST-ZIP CITY-ST-7IP LAKE WORTH FL TITLE Delete TITLE LORI LAME 106 Woodlake Circle HANSEN, SOAD NAME NAME 3300 S OCEAN BLVD STREET ADDRESS STREET ADDRESS Green Acres, FL 33463 CITY-ST-ZIP CITY-ST-ZIP PALM BCH FL ___ Change Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Change Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. I hereby certify that the information supplied with this filling 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 OF SIGNING OFFICER OR DISECTOR

15/2000 (S61) 433-5566

Date Date Prone #