

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 09, 2002 8:00 am
Secretary of State

04-09-2002 91181 032 ***158.75

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DOCUMENT # F01000001951

1. Entity Name

ENVIROSAFE MANUFACTURING CORPORATION

Principal Place of Business

120 E. BAY ST.
 MAGNOLIA MS 39652

Mailing Address

120 E. BAY ST.
 MAGNOLIA MS 39652

2. Principal Place of Business

1571 Cypress Ave.

Suite, Apt. #, etc.

3. Mailing Address

1608 Earlham Ave. NW

Suite, Apt. #, etc.

City & State

Melbourne, FL 32935

City & State

Palm Bay, FL 32907

Zip

32935

Country

Brevard

Zip

32907

Country

Brevard

4. FEI Number

72-1225658

Applied For

Not Applicable

5. Certificate of Status Desired ☒ **\$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

FRISCO, NICHOLAS
 1900 ACADEMY ST., NE
 PALM BAY FL 32906

*1608 Earlham Ave. N.W.
 Palm Bay 2132907*

7. Name and Address of New Registered Agent

Name Nicholas Frisco

Street Address (P.O. Box Number is Not Acceptable)

1608 Earlham Ave. NW

City

Palm Bay

FL

Zip Code 32907

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

TITLE	PSD	<input type="checkbox"/> Delete
NAME	ELLIOTT, JUDITH	
STREET ADDRESS	1900 ACADEMY ST., NE	
CITY-ST-ZIP	PALM BAY FL	
TITLE	VCD	<input type="checkbox"/> Delete
NAME	FRISCO, NICHOLAS	
STREET ADDRESS	1900 ACADEMY ST., NE	
CITY-ST-ZIP	PALM BAY 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		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PSCD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Frisco, Judith	
STREET ADDRESS	1608 Earlham Ave. NW	
CITY-ST-ZIP	Palm Bay, FL 32907	
TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Frisco, Nicholas	
STREET ADDRESS	1608 Earlham Ave. NW	
CITY-ST-ZIP	Palm Bay, FL 32907	
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		<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:

Nicholas Frisco V.P.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/29/02

CR2E034 (9/01)