

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Sep 18, 2001 8:00 am**  
**Secretary of State**

09-18-2001 90003 046 \*\*\*550.00

**DOCUMENT # F93000003913**

1. Entity Name  
**ENVIROWORKS, INC.**

Principal Place of Business  
**3000 WEST ORANGE AVE.**  
**APOPKA FL 32703**  
**US**

Mailing Address  
**3000 WEST ORANGE AVE.**  
**APOPKA FL 32703**  
**US**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3197413**

Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

~~DONAGHY, KEVIN~~  
**C/O ENVIRONWORKS, INC.**  
**3000 WEST ORANGE AVENUE**  
**APOPKA FL 32703**

Name  
**Patti Miller**

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

City **FL** Zip Code

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 Patti Miller  
 Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE **8/30/01**

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 \$550.00**  
**After September 12, 2001 Fee will be \$750.00**  
**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  
 NAME **CEOP STENDAHL, STIG** ☒ Delete  
 STREET ADDRESS **636 SCIENCE DR**  
 CITY-ST-ZIP **MADISON WI 53711**

TITLE  
 NAME **Chairman Bertel Langenskiold** ☒ Change ☒ Addition  
 STREET ADDRESS **636 Science Drive**  
 CITY-ST-ZIP **Madison, WI 53711**

TITLE  
 NAME **D DRURY, DAVID** ☐ Delete  
 STREET ADDRESS **636 SCIENCE DR**  
 CITY-ST-ZIP **MADISON WI 53711**

TITLE  
 NAME ☐ Change ☐ Addition  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  
 NAME **S BOER, RALF** ☐ Delete  
 STREET ADDRESS **636 SCIENCE DR**  
 CITY-ST-ZIP **MADISON WI 53711**

TITLE  
 NAME ☐ Change ☐ Addition  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  
 NAME **VPC ERICKSON, GERALD J** ☒ Delete  
 STREET ADDRESS **636 SCIENCE DR**  
 CITY-ST-ZIP **MADISON WI 53711**

TITLE  
 NAME **President/CEO William Denton** ☐ Change ☒ Addition  
 STREET ADDRESS **636 Science Drive**  
 CITY-ST-ZIP **Madison, WI 53711**

TITLE  
 NAME ☐ Delete  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  
 NAME ☐ Change ☐ Addition  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  
 NAME ☐ Delete  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  
 NAME **Sr. Vice-President/CFO Paul Frieschlag** ☐ Change ☒ Addition  
 STREET ADDRESS **636 Science Drive**  
 CITY-ST-ZIP **Madison, WI 53711**

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 persons empowered.

SIGNATURE:

**SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**

**9/7/01**

Date

**(408) 233-1649**

Daytime Phone #

CR2F24 (5/01)