

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # H01607

1. Entity Name

ENVIRONMENTAL CONTROL TECHNOLOGY INCORPORATED

**FILED**  
**Aug 09, 2000 8:00 am**  
**Secretary of State**

08-09-2000 90062 001 \*1,100.00

Principal Place of Business

3397 SW 42ND AVE.  
PALM CITY FL 34997-5554  
US

Mailing Address

3397 SW 42ND AVE.  
PALM CITY FL 34997-5554

2. Principal Place of Business

3397 SW 42nd Ave  
Suite, Apt. #, etc.

3. Mailing Address

3397 SW 42nd Ave  
Suite, Apt. #, etc.

City & State

Palm City, FL

City & State

Palm City, FL

4. FEI Number

59-2413325

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

MAZZILLI, MARK  
3397 S.W. 42ND AVENUE  
PALM CITY FL 34990-2554

7. Name and Address of New Registered Agent

Name

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

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 \$550.00**  
**After SEPTEMBER 13, 2000 Min. 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

TITLE	ST	<input type="checkbox"/> Delete
NAME	MAZZILLI, MICHAEL	
STREET ADDRESS	2440 SE 15TH TERR	
CITY-ST-ZIP	PALM CITY FL	
TITLE	PV	<input type="checkbox"/> Delete
NAME	MAZZILLI, MARK	
STREET ADDRESS	2445 SW CONCH COVE LANE	
CITY-ST-ZIP	PALM CITY 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"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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	
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:

Michael Mazzilli

Date

Daytime Phone #

561-283-6746

CR2E034 (5/00)