

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Mar 01, 2001 8:00 am
Secretary of State

03-01-2001 91329 020 ***150.00

DOCUMENT # H29004

1. Entity Name
ENVIRO ENGINEERING CORPORATION

Principal Place of Business 2326 SOUTH CONGRESS AVENUE SUITE 2-C WEST PALM BEACH FL 33406 US	Mailing Address % NABIL HANSEN 2326 S CONGRESS AVE STE 2-C WEST PALM BEACH FL 33406 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number 65-0357509		Applied For	
Suite, Apt. #, etc.		Suite, Apt. #, etc.				Not Applicable	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
Zip	Country	Zip	Country				
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
HANSEN, ARTHUR 2326 S CONGRESS AVE STE 1-A WEST PALM BEACH FL 33406				Name LANE, LORI			
				Street Address (P.O. Box Number is Not Acceptable) 2326 S. CONGRESS			
				Ave., Suite 1-A			
				City West Palm Beach FL Zip Code 33406			

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 _____ (NOTE: Registered Agent signature required when reinstating)

Signature, typed or printed name of registered agent and title if applicable. DATE _____

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	FILE NOW!!! FEE IS \$150.00 After MAY 1, 2001 Fee will be \$550.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	NAME	<input checked="" type="checkbox"/> Delete	TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	ADAMS, NANCY		STREET ADDRESS		
CITY-ST-ZIP	4829 BLUE PINE CIRCLE LAKE WORTH FL 33463		CITY-ST-ZIP		
TITLE	VP	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HANSEN, ARTHUR		NAME		
STREET ADDRESS	3300 S OCEAN BLVD #405		STREET ADDRESS		
CITY-ST-ZIP	PALM BEACH FL 33480		CITY-ST-ZIP		
TITLE	S	<input type="checkbox"/> Delete	TITLE	PRESIDENT & SECRETARY	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LANE, LORI		NAME	LORI LANE	
STREET ADDRESS	106 WOODLAKE CIRCLE		STREET ADDRESS	106 WOODLAKE CIRCLE	
CITY-ST-ZIP	GLEN ACRES FL 33463		CITY-ST-ZIP	GREENACRES, FL 33463	
TITLE	VP	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HANSEN, TIMOTHY		NAME		
STREET ADDRESS	426 LIVE OAKS LANE		STREET ADDRESS		
CITY-ST-ZIP	BOYNTON BEACH FL 33436		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: Lori Lane **LORI LANE** 1/9/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)