FILED

2002 Uniform Business Report (UBR)

Apr 01, 2002 8:00 am Secretary of State DOCUMENT # L87629 1. Entity Name 04-01-2002 90037 008 ***150.00 ENVIROSPACE SOFTWARE RESEARCH, INC. Principal Place of Business Mailing Address % GEORGES BLAHA % GEORGES BLAHA 280 FLAMINGO DRIVE 280 FLAMINGO DRIVE MELBOURNE BEACH FL 32951 MELBOURNE BEACH FL 32951 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 59-3062810 Not Applicable \$8.75 Additional Zip Zip Country Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent **BLAHA. GEORGES** Street Address (P.O. Box Number is Not Acceptable) 280 FLAMINGO DRIVE **MELBOURNE BEACH FL 32951** City 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 (NOTE: Registered Agent signature required when reinstating) 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, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. CR2E034 (9/01) TITLE Change Addition TITLE ☐ Delete NAME Blaha, Georges NAME STREET ADDRESS 280 FLAMINGO DR. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **MELBOURNE BEACH FL 32951** Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME GERIG, STEPHEN R STREET ADDRESS STREET ADDRESS 507 ALHAMBRA RD. CITY-ST-ZIP CITY-ST-ZIP VENICE FL 34285 ☐ Change ☐ Addition TITLE ☐ Delete NAME NAME COLE-BLAHA, PATRICIA STREET ADDRESS STREET ADDRESS 280 FLAMINGO DR CITY-ST-7IP CITY-ST-ZIP MELBOURNE BEACH FL 32951 ☐ Change Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete : TITLE TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change 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 attackment with anyaddress, with all other like empowered.

SIGNATURE: