

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000007338

1. Entity Name

ENVIROSTAT OF FLORIDA, INC.

Principal Place of Business

260 SPRINGSIDE RD.
LONGWOOD FL 32779

Mailing Address

260 SPRINGSIDE RD.
LONGWOOD FL 32779

2. Principal Place of Business

3. Mailing Address

P.O. Box 915621

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

LONGWOOD, FLA

Zip

Country

Zip

Country

32791-5621

4. FEI Number

59-3194047

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SALTZBURG, RICHARD
260 SPRINGSIDE RD.
LONGWOOD FL 32779

7. Name and Address of New Registered Agent

Name

SALTZBURG, RICHARD

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 \$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. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE PD
NAME SALTZBURG, RICHARD
STREET ADDRESS 260 SPRINGSIDE RD.
CITY-ST-ZIP LONGWOOD FL 32779 ☐ Delete

TITLE VST
NAME SALTZBURG, RICHARD
STREET ADDRESS 260 SPRINGSIDE RD.
CITY-ST-ZIP LONGWOOD FL 32779 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME SALTZBURG, RICHARD ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME SALTZBURG, RICHARD ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

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

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

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

TITLE
NAME ☐ Change ☐ Addition
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Jan 17, 2001 8:00 am
Secretary of State

01-17-2001 90071 044 ***150.00



DO NOT WRITE IN THIS SPACE

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CR2E034 (10/00)