

FILED
Jun 08, 2001 8:00 am
Secretary of State

05-15-2001 90002 038 ***150.00

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000020202

1. Entity Name

AMERICAN ENVIRONMENTAL DESIGNS, INC.

Principal Place of Business

Mailing Address

204 MYRTLE RIDGE ROAD
LUTZ FL 33549204 MYRTLE RIDGE ROAD
LUTZ FL 33549

2. Principal Place of Business

3. Mailing Address

11638 Corporate Lake Blvd

204 Myrtle Ridge Rd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Unit 1

Lutz

City & State

City & State

San Antonio, TX

Lutz, FL

Zip

Country

Zip

Country

33576

USA

33549

USA

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SPIEGEL & UTRERA, P.A.
343 ALMERIA AVENUE
CORAL GABLES FL 33134

Name Douglas Broyles

Street Address (P.O. Box Number is Not Acceptable)
204 Myrtle Ridge Rd.

City Lutz

FL

33549

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

4/30/01

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 \$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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | |
|--|--|---------------------------------|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PTD BROYLES, DOUGLAS C 204 MYRTLE RIDGE ROAD LUTZ FL 33549 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VSD BROYLES, AGUSTINA E 204 MYRTLE RIDGE ROAD LUTZ FL 33549 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

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 lines empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)