

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2002 8:00 am
Secretary of State

03-13-2002 90140 025 ***150.00

DOCUMENT # P01000011082

1. Entity Name

ENVIROTECK INTERNATIONAL, INC.

Principal Place of Business

Mailing Address

306 YACHT CLUB WAY
 MOORE HAVEN FL 33471-1236

PO BOX 1236
 MOORE HAVEN FL 33471-1236

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

RT 65-1086015

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

OFFNER, BARBARA

306 YACHT CLUB WAY

MOORE HAVEN FL 33471-1236

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 \$150.00
After May 1, 2002 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 ☐ Delete
 NAME D
 STREET ADDRESS OFFNER, THOMAS
 CITY-ST-ZIP 306 YACHT CLUB WAY
 MOORE HAVEN FL 33471-1236

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

TITLE ☐ Delete
 NAME D
 STREET ADDRESS OFFNER, BARBARA
 CITY-ST-ZIP 306 YACHT CLUB WAY
 MOORE HAVEN FL 33471-1236

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

TITLE ☐ Delete
 NAME D
 STREET ADDRESS PLUMLEE, LAWRENCE
 CITY-ST-ZIP 5325 CHARLIN AVE
 LAKE LAND EN FL 33810

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

TITLE ☐ Delete
 NAME D
 STREET ADDRESS MOULETTE, GARY
 CITY-ST-ZIP 936 E LIME ST APT 8
 LAKE LAND FL 33801

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

TITLE ☒ Delete
 NAME D
 STREET ADDRESS THOMAS, WOODIE H
 CITY-ST-ZIP 1600 VISION DR
 WEST PLAM BEACH FL 33418

TITLE ☐ Change ☒ Addition
 NAME Director
 STREET ADDRESS Harold Massner Dr.
 CITY-ST-ZIP 1104 Derek Lincoln Dr.
 W. Burlington, IA 52655

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

Thomas Deffner
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/28/02 863-946-3376
 Date Daytime Phone #

CR2E034 (9/01)