

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 08, 2004 08:00 AM
Secretary of State

DOCUMENT # P02000039522

1. Entity Name
ENVS INC.



Principal Place of Business
3504 STRATTON LANE
BOYNTON BEACH, FL 33436

Mailing Address
3504 STRATTON LANE
BOYNTON BEACH, FL 33436



03042004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
03-0426490

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

LEVENTHAL, BARRY
3504 STRATTON LANE
BOYNTON BEACH, FL 33436

**DO NOT WRITE
IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

U00000080733
03/08/04-80121-014 150.00

10. OFFICERS AND DIRECTORS

| | |
|----------------|-------------------------|
| TITLE | CEOP |
| NAME | LEVENTHAL, BARRY |
| STREET ADDRESS | 3504 STRATTON LANE |
| CITY-ST-ZIP | BOYNTON BEACH, FL 33436 |
| TITLE | D |
| NAME | LEVENTHAL, BARRY |
| STREET ADDRESS | 3504 STRATTON LANE |
| CITY-ST-ZIP | BOYNTON BEACH, FL 33436 |
| TITLE | VD |
| NAME | LEVENTHAL, MICHELLE |
| STREET ADDRESS | 3504 STRATTON LANE |
| CITY-ST-ZIP | BOYNTON BEACH, FL 33436 |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 10 or Block 11 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

3/3/04

Date

561 432-1125

Daytime Phone #