## 2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P02000044046

Entity Name: ENVIROCARE SOLUTIONS, INC.

FILED Sep 29, 2005 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 

16880 GATOR ROAD 16880 GATOR ROAD

#204 #205

FORT MYERS, FL 33912 FORT MYERS, FL 33912

**Current Mailing Address: New Mailing Address:** 

PO BOX 150822

CAPE CORAL, FL 33915

FEI Number: 02-0589986 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

FAY, CHRIS FAY, MELISSA 620 SE 13TH STREET **16880 GATOR RD** 

CAPE CORAL, FL 33990 US 205 FORT MYERS, FL 33912 US

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: MELISSA FAY 09/29/2005

> Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

D/P Title: () Delete Title: (X) Change ( ) Addition

FAY, MELISSA A Name: Name: FAY, MELISSA A 620 SE 13TH STREET 16880 GATOR RD. SUITE 205 Address: Address:

City-St-Zip: CAPE CORAL, FL 33990 City-St-Zip: FORT MYERS, FL 33912

Title: (X) Delete Title: () Change () Addition

Name: FAY, CHRISTOPHER S Name: 620 SE 13TH STREET Address: Address: CAPE CORAL, FL 33990 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MELISSA FAY D/P 09/29/2005