

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 06, 2002 8:00 am
Secretary of State

05-06-2002 90071 012 ***150.00

DOCUMENT # P95000053526

1. Entity Name
ENVIROTEK SYSTEMS, INC.

Principal Place of Business

911 GROVEWOOD DR
DUNEDIN FL 34698
US

Mailing Address

P O BOX 533
DUNEDIN FL 34697-533
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1449 COACHLIGHT WAY

3. Mailing Address

Suite, Apt. #, etc.

City & State

DUNEDIN, FL

City & State

Suite, Apt. #, etc.

4. FEI Number

59-3324719

Applied For

Not Applicable

Zip

34698

Country

Zip

Country

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

HARTSTEIN, MARK

911 GROVEWOOD DR

DUNEDIN FL 34698

Name

Street Address (P.O. Box Number is Not Acceptable)

1449 COACHLIGHT WAY

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

Mark E. Hartstein, Mark E. Hartstein, registered Agent 4/19/2002

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 **PSTD** ☐ Delete
 NAME **HARTSEIN, MARK E**
 STREET ADDRESS **911 GROVEWOOD DR**
 CITY-ST-ZIP **DUNEDIN FL**

TITLE ☒ Change ☐ Addition
 NAME **1449 COACHLIGHT WAY**
 STREET ADDRESS **34698**
 CITY-ST-ZIP

TITLE **D** ☐ Delete
 NAME **HARTSTEIN, BETH**
 STREET ADDRESS **911 GROVEWOOD DR**
 CITY-ST-ZIP **DUNEDIN FL**

TITLE ☒ Change ☐ Addition
 NAME **1449 COACHLIGHT WAY**
 STREET ADDRESS **34698**
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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 STREET ADDRESS
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 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:

Mark E. Hartstein, Mark E. Hartstein, president

4/19/2002

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

727-524-1149

CR2E034 (9/01)