

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 21, 2002 8:00 am
Secretary of State

05-21-2002 90891 015 ***150.00

DOCUMENT # P97000002378

1. Entity Name

EnviroGlades, Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1876 E Road

Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 476

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Loxahatchee, Florida

City & State

Loxahatchee, Florida

4. FEI Number

59-3426513

Applied For

☐ Not Applicable

Zip

33470

Country

U.S.A.

Zip

33470

Country

U.S.A.

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name

Gerald Leshen

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

1555 Palm Beach Lakes Blvd.

Suite 1510

City

West Palm Beach

FL

Zip Code

33407

**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.

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) ☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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

TITLE	<u>President</u>
NAME	<u>Tom Goltzow</u>
STREET ADDRESS	<u>P.O. Box 476</u>
CITY - ST - ZIP	<u>Loxahatchee, FL 33470</u>
TITLE	<u>VP</u>
NAME	<u>Chris Bless</u>
STREET ADDRESS	<u>P.O. Box 476</u>
CITY - ST - ZIP	<u>Loxahatchee, FL 33470</u>
TITLE	<u>VP</u>
NAME	<u>R. Timothy Keegan</u>
STREET ADDRESS	<u>P.O. Box 476</u>
CITY - ST - ZIP	<u>Loxahatchee, FL 33470</u>
TITLE	
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IN THIS SPACE**

13. 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 11 or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

R. Timothy Keegan

4-28-2002

Date

561-798-4995

Daytime Phone #

CR2E034B (12/01)