

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 03, 2001 8:00 am**  
**Secretary of State**  
 05-03-2001 90920 024 \*\*\*150.00

0300064

**DOCUMENT # P97000019989**

1. Entity Name

**ENVIRONMENTAL & ANALYTICAL MANAGEMENT, INC.**

Principal Place of Business

4181 NW 1ST AVE  
 STE 5  
 BOCA RATON FL 33431  
 US

Mailing Address

4181 NW 1ST AVE  
 STE 5  
 BOCA RATON FL 33431  
 US

2. Principal Place of Business

**3125 Fortune Way**

Suite, Apt. #, etc.

**Suite 11**

City & State

**Wellington, FL**

Zip

**33414**

Country

**USA**

3. Mailing Address

**3125 Fortune Way**

Suite, Apt. #, etc.

**Suite 11**

City & State

**Wellington, FL**

Zip

**33414**

Country

**USA**



DO NOT WRITE IN THIS SPACE

4. FEI Number

**65-0735249**

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**PAVLOVICS, SVEN R**  
**4181 NW 1ST AVE**  
**STE 5**  
**BOCA RATON FL 33431**

7. Name and Address of New Registered Agent

Name

**Pavlovics, Sven R**

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

**3125 Fortune Way**

**Suite 11**

City

**Wellington,**

**FL**

Zip Code

**33414**

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 fee multiplier.

(NOTE: Registered Agent signature required when reinstating)

**4/26/01**  
 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, 2001 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

TITLE **P** ☐ Delete  
 NAME **PAVLOVICS, SVEN**  
 STREET ADDRESS **4181 NW 1ST AVE STE 5**  
 CITY-ST-ZIP **BOCA RATON FL 33431**

TITLE **VP** ☐ Delete  
 NAME **PAVLOVICS, SARA**  
 STREET ADDRESS **4181 NW 1ST AVE STE 5**  
 CITY-ST-ZIP **BOCA RATON FL 33431**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☒ Change ☐ Addition  
 NAME **Pavlovics, Sven**  
 STREET ADDRESS **3125 Fortune Way Suite 11**  
 CITY-ST-ZIP **Wellington, FL 33414**

TITLE **VP** ☒ Change ☐ Addition  
 NAME **Pavlovics, Sara**  
 STREET ADDRESS **3125 Fortune Way Suite 11**  
 CITY-ST-ZIP **Wellington FL 33414**

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

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

TITLE ☐ Change ☐ Addition  
 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:

**SVEN PAVLOVICS**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/26/01**  
 Date

**(561) 792-9190**  
 Daytime Phone #

CR2E034 (10/00)