

2000 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 03, 2000 8:00 am
Secretary of State

04-03-2000 90161 011 ***150.00

DOCUMENT # P97000045266

1. Entity Name

ENVIRONEASE, INC.

Principal Place of Business

Mailing Address

6202 POMPANO STREET
POMPANO BEACH GARDENS FL 33418

~~3537 AVE K~~
~~RIVIERA BEACH FL 33480-3692~~
~~US~~

2. Principal Place of Business

3. Mailing Address

6202 POMPANO ST.

6202 POMPANO ST.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

JUPITER, FL.

JUPITER, FL.

Zip

Country

33458

U.S.

Zip

Country

33458

U.S.

4. FEI Number

65-0758558

Applied For

Not Applicable

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

GARCIA, GARY M
6202 POMPANO STREET
POMPANO BEACH GARDENS FL 33418

Name

GARY M. GARCIA

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

6202 POMPANO ST.

City

JUPITER, FL.

FL

Zip Code

33458

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 GARY GARCIA

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

(NOTE: Registered Agent signature required when reinstating)

DATE

3-19-00

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, 2000 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 ☐ Delete
NAME D
STREET ADDRESS BRISSON, DALE
CITY-ST-ZIP 2815 HAMPTON CIRCLE, E
DELRAY BEACH FL 33445

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

TITLE ☐ Delete
NAME D
STREET ADDRESS GARCIA, GARY M
CITY-ST-ZIP 6202 POMPANO STREET
POMPANO BEACH GARDENS FL 33418

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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 officers empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-19-00 561 624-0425

Date

Daytime Phone #

CR2E034 (9/99)