2002 UNIFORM BUSINESS REPORT (UBR)

Feb 11, 2002 8:00 am DOCUMENT # P97000045266 **Secretary of State** 1. Entity Name 02-11-2002 90080 015 ***150.00 ENVIRONEASE, INC. Mailing Address Principal Place of Business 6202 POMPANO STREET 6202 POMPANO STREET POMPANO BEACH GARDENS FL 33418 POMPANO BEACH GARDENS FL 33418 3. Mailing Address 2. Principal Place of Business OMPANO ST. 6202 6202: DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FEI Number 65-0758558 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent GARCIA, GARY M Street Address (P.O. Box Number is Not Acceptable) 6202 POMPANO STREET JUPITER FL 33458 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing **\$5.00** May Be After May 1, 2002 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. OFFICERS AND DIRECTORS 11. Change ☐ Addition TITLE ☐ Delete TITLE NAME BRISSON, DALE NAME STREET ADDRESS 2815 HAMPTON CIRCLE, E STREET ADDRESS **DELRAY BEACH FL 33445** CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE Delete TITLE GARCIA, GARY M 6202 POMPANO ST. JUPITER, FL. 33458 NAME NAME GARCIA, GARY M STREET ADDRESS STREET ADDRESS 6202 POMPANO STREET CITY-ST-ZIP CITY-ST-ZIP POMPANO BEACH GARDENS FL 33418 ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 trastee 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.

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ Delete

SIGNATURE:

TITLE

NAME

STREET ADDRESS

CITY-ST-7IP

JARY GARCIA 01-23-02 561-624-0425

OR Date Dayline Phone #

(9/01)

☐ Change

☐ Addition

FILED