

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

FILED
May 27, 2002 8:00 am
Secretary of State

05-27-2002 90444 042 ***158.75

DOCUMENT # **797000050221**

1. Entity Name **ENVIRON'S By DESIGN**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

19325 LK. PICKETT RD.
Suite, Apt. #, etc.

3. Mailing Address

19325 LK. PICKETT RD.
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

ORLANDO, FL

City & State

ORLANDO, FL

4. FEI Number

59-3453219

☒ Applied For

☐ Not Applicable

Zip

32820

Country

ORANGE

Zip

32820

Country

ORANGE

5. Certificate of Status Desired ☒

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

GUSTAV H. ANDERSON

Street Address (P.O. Box Number is Not Acceptable)
19325 LK. PICKETT RD.

City

ORLANDO

FL

Zip Code

32820

**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 **PRESIDENT.**
NAME **GUSTAV H. ANDERSON**
STREET ADDRESS **19325 LK. PICKETT RD., ORLANDO**
CITY-ST-ZIP **FL, 32820**

TITLE **V. PRESIDENT**
NAME **JEAN F. ANDERSON**
STREET ADDRESS **19325 LK. PICKETT RD., ORLANDO,**
CITY-ST-ZIP **FL 32820**

TITLE
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CITY-ST-ZIP

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CR2E034B (12/01)

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 recorder 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: **GUSTAV H. ANDERSON**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

19 May 02 407-568-5756

Date

Daytime Phone #