


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

FILED
May 02, 2005 8:00 am
Secretary of State

05-02-2005 90435 028 ***158.75

DOCUMENT # P 97000050221	
1. Entity Name ENVIRON'S BY DESIGN, INC	

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 19325 LK. PICKETT RD	3. Mailing Address 19325 LK. PICKETT RD.
Suite, Apt. #, etc.	Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State ORLANDO FL	City & State ORLANDO FL	4. FEI Number 59-3453219	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
Zip 32820	Country USA	Zip 32820	Country USA
		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	

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IN THIS SPACE**

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 32820

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>	DATE _____
January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS			
TITLE	NAME	TITLE	NAME
STREET ADDRESS	STREET ADDRESS	STREET ADDRESS	STREET ADDRESS
CITY-ST-ZIP	CITY-ST-ZIP	CITY-ST-ZIP	CITY-ST-ZIP
	D ANDERSON, GUSTAV H.		
	19325 LK. PICKETT RD.		
	ORLANDO, FL 32820		
	D ANDERSON, JEAN F.		
	19325 LK. PICKETT RD.		
	ORLANDO, FL 32820		

**DO NOT WRITE
IN THIS SPACE**

12. 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 10 or on an attachment with an address, with all other like empowered.	
SIGNATURE GUSTAV H. ANDERSON <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	27 Apr '05 (407) 568-5756 <small>Date Phone #</small>

CR2E034B (12/02)