

2002-UNIFORM BUSINESS REPORT (UBR)

0591731 AT

DOCUMENT # P97000050221

1. Entity Name
ENVIRON'S BY DESIGN, INC

FILED

03 MAY -8 AM 7:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business
19325 LAKE PICKETT ROAD
ORLANDO FL 32820

Mailing Address
19325 LAKE PICKETT ROAD
ORLANDO FL 32820

2. Principal Place of Business

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

3. Mailing Address

Suite, Apt. #, etc.

City & State

ORLANDO FL

City & State

SPRING

4. FEI Number

59-3453219

Applied For

Not Applicable

Zip

32820

Country

ORANGE

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

ANDERSON, GUSTAV H
19325 LAKE PICKETT ROAD
ORLANDO FL 32820

7. Name and Address of New Registered Agent

Name

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

City

FL

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

GUSTAV H. ANDERSON

(NOTE: Registered Agent signature required when reinstating)

DATE

25 Apr '03

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, 2002 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 D ANDERSON, GUSTAV H
NAME ANDERSON, GUSTAV H
STREET ADDRESS 19325 LAKE PICKETT ROAD
CITY-ST-ZIP ORLANDO FL 32820

TITLE D ANDERSON, JEAN F
NAME ANDERSON, JEAN F
STREET ADDRESS 19325 LAKE PICKETT ROAD
CITY-ST-ZIP ORLANDO FL 32820

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE 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:

GUSTAV H. ANDERSON
25 Apr '03

Date

Daytime Phone

407.568.5756

CR2E034 (9/01)