

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000019269

1. Entity Name  
ENVIRONMENTAL FUELS, INC.

**FILED**  
**Aug 30, 2000 8:00 am**  
**Secretary of State**

08-30-2000 90005 009 \*\*\*550.00

Principal Place of Business  
6928 SONNYDALE DR. UNIT C  
WEST MELBOURNE FL 32904

Mailing Address  
6928 SONNYDALE DR. UNIT C  
WEST MELBOURNE FL 32904



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
6928 Sonny Dale Dr.  
Suite, Apt. #, etc.  
UNIT C  
City & State  
WEST MELBOURNE, FL  
Zip  
32904  
Country  
U.S.A.

3. Mailing Address  
6928 Sonny Dale Dr.  
Suite, Apt. #, etc.  
UNIT C  
City & State  
WEST MELBOURNE, FL  
Zip  
32904  
Country  
U.S.A.

4. FEI Number 59-3136939  
Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
SMITH, EUGENE P  
6928 SONNYDALE DR. UNIT C  
WEST MELBOURNE FL 32904

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

8/28/00  
DATE

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 \$550.00**  
**After SEPTEMBER 13, 2000 Min. will be \$750.00**  
**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 NAME STREET ADDRESS CITY-ST-ZIP	D SMITH, EUGENE P <del>424 NEW AVE.</del> PALM BAY FL 32909	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SMITH, SANDY J <del>424 NEW AVE.</del> PALM BAY FL 32909	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NICHOLAS, JAMES M 1815 S. PATRICK DR. INDIAN HARBOUR BEACH FL 32937	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DCO. SMITH, EUGENE P. 6928 SONNYDALE DR, UNIT C WEST MELBOURNE, FL. 32904	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D. SMITH, SANDY J. 6928 SONNY DALE DR, UNIT C WEST MELBOURNE, FL. 32904	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D. ENZO CAPUTO 43 BAY DR. MIAMI, FL 33126	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 another like empowered.

SIGNATURE:

*Eugene Smith*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/28/00  
Date

Daytime Phone #

CR2E034 (5/00)