2000 UNIFORM BUSINESS REPORT (UBR) FILED Mar 22, 2000 8:00 am Secretary of State DOCUMENT # **P98000026828** 1. Entity Name ENVIROTOOLS, INC. 03-22-2000 90014 026 ***150.00 Mailing Address Principal Place of Business 1810 NW 6TH ST. SUITE E 1810 NW 6TH ST. SUITE E GAINESVILLE FL 32609 GAINESVILLE FL 32609-8535 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City!& State 4. FEI Number Applied For 59-3515967 Not Applicable Zip Country \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name **NEWMAN, CHRISTIAN** Street Address (P.O. Box Number is Not Acceptable) 1810 NW 6TH ST, SUITE E GAINESVILLE FL 32609 Zip Code FL 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible \$5.00 May Be 10. Election Campaign Financing After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. ☐ Addition ☐ Change TITLE Delete TITLE CHIN, RICK NAME NAME STREET ADDRESS STREET ADDRESS 2701 NW 23RD BLVD CITY-ST-ZIP CITY-ST-ZIP GAINSVILLE FL ☐ Change Addition TITLE Delete TITLE OLINGER, WILLIAM D III NAME NAME STREET ADDRESS STREET ADDRESS **5433 SW 91ST TERR** CITY-ST-ZIP CITY-ST-ZIP GAINSVILLE FL Addition ☐ Change 💢 Delete TITLE TITLE WONG, OSCAR NAME NAME STREET ADDRESS STREET ADDRESS 243 SLEEP GAP RD CITY-ST-ZIP CITY-ST-ZIP ARDON NO Change ■ Addition ☐ Delete TITLE TITLE Newman, James + A Place 3839 NW 63+ A Place Gaines VIIV, FL 32653 **NEWMAN, JAMES** NAME NAME STREET ADDRESS STREET ADDRESS 3339 NW 67TH PL CITY-ST-ZIP CITY-ST-ZIP **GAINSVILLE FL ™** Change Addition TITI F ☐ Delete TITLE Nowman, Christian 5001 NW 62 NOCT NEWMAN, CHRISTIAN NAME NAME STREET ADDRESS STREET ADDRESS 5001 NW 62ND CT Garnsonle, FL 32653 CITY-ST-ZIP CITY-ST-ZIP GAINSVILLE FL ☐ Addition TITLE Change TITLE ☐ Delete NAME EVERITT, DAVID NAME STREET ADDRESS 10146 SW 52ND RD STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **GAINSVILLE FL** 13. I hereby certify that the information s

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 justee 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 piner like empowered.

SIGNATURE:

NAME OF SIGNING OFFICER OF BIRDER

3/23/00 Date 352 370 4747

Daytime Phone #