

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 26, 2001 8:00 am
Secretary of State
 04-26-2001 90170 001 ***308.75

DOCUMENT # P98000026828

1. Entity Name

ENVIROTOOLS, INC.

Principal Place of Business

1810 NW 6TH ST. SUITE E
GAINESVILLE FL 32609

Mailing Address

1810 NW 6TH ST. SUITE E
GAINESVILLE FL 32609

40040



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

6216 NW 43rd Street

3. Mailing Address

5200 NW 43RD ST

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Bldg 3A

SUITE 102-314

City & State

Gainesville, FL

City & State

GAINESVILLE, FL

Zip

32653

Country

USA

Zip

32606

Country

USA

4. FEI Number 59-3515967

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

NEWMAN, CHRISTIAN
1810 NW 6TH ST, SUITE E
GAINESVILLE FL 32609

7. Name and Address of New Registered Agent

Name

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

City

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

Signature, typed or printed name of registered agent and title (separate line)

(NOTE: Registered Agent's 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)FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State10. Election Campaign Financing
Trust Fund Contribution ☐\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	D	☐ Delete
NAME	NEWMAN, JAMES	
STREET ADDRESS	3339 NW 67TH PL	
CITY-STATE-ZIP	GAINESVILLE FL	
TITLE	P	☐ Delete
NAME	NEWMAN, CHRISTIAN	
STREET ADDRESS	5001 NW 62ND CT	
CITY-STATE-ZIP	GAINESVILLE FL	
TITLE	ST	☐ Delete
NAME	EVERITT, DAVID	
STREET ADDRESS	10146 SW 52ND RD	
CITY-STATE-ZIP	GAINESVILLE FL	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-STATE-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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Original Photo ID

CR2E034 (10/00)