

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000074085

1. Entity Name

ENVIRO-ENERGY RESEARCH, INC.

FILED

00 JUN 20 PM 3:11

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business

327 WHISPERING OAKS COURT  
SARASOTA FL 34232

Mailing Address

327 WHISPERING OAKS COURT  
SARASOTA FL 34232-1729

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

1811 Englewood Rd.

# 181

Englewood FL

34223

U.S.A.



DO NOT WRITE IN THIS SPACE

4. FEI Number **APPLIED FOR**  
65-0875681

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

AVRUTIS, THOMAS L  
889 N. WASHINGTON BLVD.  
SARASOTA FL 34230

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

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

(NOTE: Registered Agent 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, 2000 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	F/D	<input type="checkbox"/> Delete
NAME	STEVENS, DANA	
STREET ADDRESS	327 WHISPERING OAKS CT	
CITY-ST-ZIP	SARASOTA FL 34232	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SHAUN Reeve	
STREET ADDRESS	1811 Englewood Rd. #181	
CITY-ST-ZIP	Englewood FL 34223	
TITLE	DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MARGARET Reeve	
STREET ADDRESS	1811 Englewood Rd. #181	
CITY-ST-ZIP	Englewood FL 34223	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

200003299422-8  
-06/21/00-01088-020  
\*\*\*150.00 \*\*\*150.00

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

Daytime Phone #

6/16/00 941-377-3789