

0139836 AT

The seal of the State of Florida is circular. It features a central figure of a person standing on a small island, holding a torch aloft in their right hand. The figure is surrounded by a wreath. The outer ring of the seal contains the text "GREAT SEAL OF THE STATE OF FLORIDA" at the top and "IN GOD WE TRUST" at the bottom, separated by small stars.

ENVIRO-ENERGY RESEARCH, INC.

ENGLEWOOD FL 34223

Country

Not Applicable

\$8.75 Additional
Fee Required

7. Name and Address of New Registered Agent

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

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. I am familiar with, and accept the obligations of registered agent.

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

(NOTE: Registered Agent signature required when reinstating)

DATE _____

Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be
Added to Fees

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE	D	<input type="checkbox"/> Delete
NAME	REEVE, SHAUN	
STREET ADDRESS	1811 ENGLEWOOD RD., #181	
CITY-ST-ZIP	ENGLEWOOD FL 34223	

TITLE	D	<input type="checkbox"/> Delete
NAME	REEVE, MARGARET	
STREET ADDRESS	1811 ENGLEWOOD RD., #181	
CITY-ST-ZIP	ENGLEWOOD FL 34223	

TITLE ☐ 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"/> Change	<input type="checkbox"/> Addition
NAME	400022358324	
STREET ADDRESS	08/15/03--01061--023 ***150.00	

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY - ST - ZIP

TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			

TITLE ☐ Change ☐ 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		

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *M. M. M. M.* REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date _____

Daytime Phone :

CR2E034 (4/03)

TO WHOM IT MAY CONCERN

PLEASE ACCEPT THE ENCLOSED ANNUAL REPORTS AS THE FIRST
REPORTS WERE RETURNED BY THE POST OFFICE TO ME AS UNDELIVERABLE.
THANK YOU FOR ANY HELP YOU CAN OFFER.

SINCERELY

MARGARET REEVE