

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 05, 2003 8:00 am
Secretary of State

02-05-2003 90149 033 ***150.00

DOCUMENT # P99000054517

1. Entity Name
ENVIROLOGICS INTERNATIONAL, INC.



Principal Place of Business
**2620 KEYSVILLE ROAD
LITHIA FL 33547**

Mailing Address
**P.O. DRAWER 777
LITHIA FL 33547**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3590988**

Applied For
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**VARNUM, SCOTT M
12216 WALTER HUNTER ROAD
LITHIA FL 33547**

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

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
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	VP	<input type="checkbox"/> Delete
NAME	TANGEMAN, ANDREW	
STREET ADDRESS	975 HIGHLANDS BLVD	
CITY-ST-ZIP	PALM HARBOR FL 34684	
TITLE	P	<input type="checkbox"/> Delete
NAME	VARNUM, SCOTT M	
STREET ADDRESS	12216 WALTER HUNTER RD	
CITY-ST-ZIP	LITHIA FL 33547	
TITLE	S	<input type="checkbox"/> Delete
NAME	CONRAD, RAYMOND E	
STREET ADDRESS	3845 EDDIE DR	
CITY-ST-ZIP	MULBERRY FL 33860	
TITLE	T	<input type="checkbox"/> Delete
NAME	VARNUM, A H	
STREET ADDRESS	11930 WALTER HUNTER RD	
CITY-ST-ZIP	LITHIA FL 33547	
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
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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: **REQUIRED** **President**

2-03-03

813 737-1402

Date

Daytime Phone #

CR2E034 (10/02)