

DOCUMENT # P99000110363

1. Entity Name

ENVIROTECH • AIR QUALITY SERVICES, INC. ✓

**FILED**  
**May 16, 2001 8:00 am**  
**Secretary of State**

05-16-2001 90359 036 \*\*\*150.00

Principal Place of Business

Mailing Address Same

1775 Blount Road, Suite 401  
 Pompano Beach, FL 33060

LUMB0010

2. Principal Place of Business

3. Mailing Address

1775 Blount Road

Same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 401

City &amp; State

City &amp; State

Pompano Beach, FL

Zip

Country

Zip

Country

33060

Broward

4. FEI Number

65-1007777

Applied For

Not Applicable

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

Lawrence G. Miceli,  
 737 E. Atlantic Blvd.  
 Pompano Beach, FL 33060

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, 2001 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE Director ☐ Delete  
 NAME Tom Smith  
 STREET ADDRESS 1775 Blount Rd., Ste. 401  
 CITY-ST-ZIP Pompano Bch, FL 33060

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

TITLE Director ☐ Delete  
 NAME John P. McClellan  
 STREET ADDRESS 1775 Blount Rd., Stee. 401  
 CITY-ST-ZIP Pompano Beach, FL 33060

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

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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

4/27/01 (954) 941-543 2

CR2E034 (1/1/00)