

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # S42853

1. Entity Name

ENVIRONMENTAL BIOTECH, INC.

FILED
Mar 04, 2000 8:00 am
Secretary of State

03-04-2000 90031 013 ***150.00

Principal Place of Business

Mailing Address

4404 N. TAMiami TRAIL
 SARASOTA FL 34234

4404 N. TAMiami TRAIL
 SARASOTA FL 34234-3864
 US

2. Principal Place of Business

3. Mailing Address

1701 BioTech Way

1701 BioTech Way

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Sarasota, FL

City & State

Sarasota, FL

4. FEI Number

65-0271922

Applied For

Not Applicable

Zip

34243

Country

Sarasota

Zip

34243

Country

Heimitec

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

HADLEY, WILLIAM F.
 4404 N. TAMiami TRAIL
 SARASOTA FL 34234

Name

Hadley, William F.

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

1701 BioTech Way

City

Sarasota

FL

Zip Code

34243

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

William F. Hadley
 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
 NAME P
 STREET ADDRESS HADLEY, WILLIAM F
 CITY-ST-ZIP 398 BOBWHITE DRIVE
 SARASOTA FL

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
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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

Date

Daytime Phone #

2/27/00

941-358-9112

CR2E034 (9/99)