

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 20, 2002 8:00 am**  
**Secretary of State**

02-20-2002 90093 005 \*\*\*158.75

0041232 AV

**DOCUMENT # V06562**

1. Entity Name

**ENVIRO-LOGICAL SOLUTIONS, INC.**

Principal Place of Business

**13135 N. DALE MABRY HWY.  
SUITE 3B  
TAMPA FL 33618  
US**

Mailing Address

**P.O. BOX 274251, N/A  
TAMPA FL 33688-4257  
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**59-3102884**

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

**TROUTMAN, DAVID E**

**6021 HAMMOCK WOODS DR  
ODESSA FL 33556**

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

*DAVID E. TROUTMAN, PRESIDENT 1/24/2002*

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, 2002 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	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	CHANGE	ADDITION
	<b>PSTD</b>			<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
	<b>TROUTMAN, DAVID E</b>									
	<b>6021 HAMMOCK WOODS DR</b>									
	<b>TAMPA FL 33556</b>									
	<b>LESTER, BARRY J.</b>			<input type="checkbox"/>		<b>VP</b>			<input type="checkbox"/>	<input type="checkbox"/>
	<b>975 SCOTLAND DR</b>									
	<b>MT. PLEASANT SC 29464</b>									
	<b>VICE PRESIDENT, THOMAS K. COOK</b>			<input type="checkbox"/>					<input type="checkbox"/>	<input checked="" type="checkbox"/>
	<b>18913 MERRY LANE</b>									
	<b>LUTZ, FLORIDA 33549</b>									
	<b>VICE PRESIDENT</b>			<input type="checkbox"/>					<input type="checkbox"/>	<input checked="" type="checkbox"/>
	<b>JOSEPH M. FUHR</b>									
	<b>12103 SNEAD PL.</b>									
	<b>TAMPA, FL 33624</b>									
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>

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, without other like empowered.

SIGNATURE:

**SIGNATURE REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*1/24/2002 (813) 963-0811*

CR2E034 (9/01)