

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # F99000006152**

1. Entity Name

ENVIRO-SCIENCES, INC.**FILED****Sep 06, 2000 8:00 am**
Secretary of State

09-06-2000 90088 021 ***550.00

Principal Place of Business

111 HOWARD BLVD
SUITE 108
MT ARLINGTON NJ 07856

Mailing Address

111 HOWARD BLVD
SUITE 108
MT ARLINGTON NJ 07856

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

22-2025272

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

MCKAY, JOHN D
3700 NW 91ST STREET
SUITE 100B
GAINESVILLE FL 32606

7. Name and Address of New Registered Agent

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 \$550.00.**
After SEPTEMBER 13, 2000 Min. will be \$750.00
Make Check Payable to Department of State10. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00 May Be
Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE **C** ☐ Delete
NAME **COHEN, IRVINE D**
STREET ADDRESS **19 COPELAND RD**
CITY-ST-ZIP **DENVILLE NJ 07934**TITLE **P** ☐ Delete
NAME **FLERSCHACKER, STEPHEN J**
STREET ADDRESS **9 SHADY LANE**
CITY-ST-ZIP **KENDALL PARK NJ 08824**TITLE **V** ☐ Delete
NAME **MCKAY, JOHN D**
STREET ADDRESS **75 VAN HORN RD**
CITY-ST-ZIP **NEWTON NJ 07860**TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME **COHEN, IRVING D**
STREET ADDRESS
CITY-ST-ZIPTITLE ☒ Change ☐ Addition
NAME **FLERSCHACKER, STEPHEN J**
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ 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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/30/2000

Date

(973) 398-8183

Daytime Phone #

CR2E034 (5/00)