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FILED
Jun 13, 2002 8:00 am
Secretary of State
05-21-2002 91148 012 ***158.75

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000098122

1. Entity Name
Linda Evans and Assoc. Inc.

NC Fee 11/11/02 JPP

DO NOT WRITE IN THIS SPACE

[redacted]

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Allstate Insurance	6006 N. Nova ROAD
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Daytona Bch	City & State: FL
Zip: 32114 Country: US	Zip: 32114 Country: USA

4. FEI Number: 593441427 — Applied For / Not Applicable

5. Certificate of Status Desired: X — **$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: Linda Evans SAME AS BEFORE
Street Address (P.O. Box Number is Not Acceptable): 6006 N Nova Rd Lc
City: Daytona Bch FL Zip Code: 32114

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: N/A
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) ☐

January 1 - May 1 Fee Is $150.00
After May 1, Fee Is $550.00
Amended UBR Is $61.25
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

TITLE	
NAME	Linda Evans, Pres
STREET ADDRESS	1420 N. Atlantic Ave #1103
CITY-ST-ZIP	Daytona Bch, FL 32118
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CR2E034B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: Linda Evans Pres 2481010
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #