

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 03, 2001 08:00 AM
Secretary of State

DOCUMENT # S54959

1. Entity Name
EVANS EQUIPMENT COMPANY

Principal Place of Business
 2617 PEMBERTON DRIVE
 APOPKA FL 32703

Mailing Address
 2617 PEMBERTON DRIVE
 APOPKA FL 32703

2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

City & State

City & State

Zip Country

Zip Country

Zip Country

Zip Country

4. FEI Number
59-3067236

Applied For
 Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

CHEN, LARRY
 7712 BROOKWAY STREET
 APOPKA FL 32703
 US

7. Name and Address of New Registered Agent

Name
CHEN, LARRY
 Street Address (P.O. Box Number is Not Acceptable)
7906 LOST COVE COURT
 City
ORLANDO **FL** Zip Code
32819

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 **LARRY CHEN**

01/03/2001

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

TITLE	VSD <input type="checkbox"/> Delete
NAME	CHEN, WEI
STREET ADDRESS	2617 PEMBERTON DRIVE
CITY-ST-ZIP	APOPKA FL
TITLE	PTD <input type="checkbox"/> Delete
NAME	CHEN, LARRY
STREET ADDRESS	2617 PEMBERTON DRIVE
CITY-ST-ZIP	APOPKA FL
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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: **LARRY CHEN**

MR. **01/03/2001**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)