

AMENDED
FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

FILED

02 OCT 21 PM 2:04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 488248

1. Entity Name

EVI 2, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2105 Dundee Road

Suite, Apt. #, etc.

P. O. Box 9309

City & State

Winter Haven, FL

Zip

33883-9309

Country

US

3. Mailing Address

2105 Dundee Road

Suite, Apt. #, etc.

P. O. Box 9309

City & State

Winter Haven, FL

Zip

33883-9309

Country

US

4. FEI Number

59-1632398

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

Douglas M. Darden

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

6781 Winterset Gardens Rd.

City

Winter Haven

FL

Zip Code

33884

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) ☐

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
STREET ADDRESS
CITY - ST - ZIP
DPST
Douglas M. Darden
6781 Winterset Gardens Rd.
Winter Haven, FL 33884

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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: Douglas M. Darden, President

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/11/02

Date

863/324-1112

Day-time Phone #

CR2E034B (12/01)