

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 29, 2000 8:00 am
Secretary of State

01-29-2000 90005 041 ***158.75

DOCUMENT # 613714

1. Entity Name

EVA-TONE, INC.

Principal Place of Business

Mailing Address

4801 ULMERTON ROAD
 CLEARWATER FL 34622

4801 ULMERTON ROAD
 CLEARWATER FL 33762-4148

00012010



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-1901786**

Applied For
 Not Applicable

Zip **33762**

Country

Zip

Country

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

EVANS, R.EVAN
 4801 ULMERTON ROAD
 CLEARWATER FL 33706

Name

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

City

FL | Zip Code **33762**

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 \$150.00
After MAY 1, 2000 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 Delete
 NAME **CDM**
 STREET ADDRESS **EVANS, R. EVAN**
 CITY-ST-ZIP **2803 BLUFFS DR**
LARGO, FL 00000

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP **LARGO, FL. 33770**

TITLE Delete
 NAME **VDM**
 STREET ADDRESS **EVANS, LUELLA**
 CITY-ST-ZIP **2803 BLUFFS DR**
LARGO, FL 00000

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP **LARGO FL, 33770**

TITLE Delete
 NAME **SDM**
 STREET ADDRESS **EVANS, MARK**
 CITY-ST-ZIP **9502 120TH ST N**
SEMINOLE, FL 00000

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP **SEMINOLE, FL 33772**

TITLE Delete
 NAME **PTDM**
 STREET ADDRESS **WELCH, NORMAN**
 CITY-ST-ZIP **2957 SWEETGUM WAY S.**
CLEARWATER FL

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP **CLEARWATER FL 33761**

TITLE Delete
 NAME **DM**
 STREET ADDRESS **EVANS, KIM**
 CITY-ST-ZIP **8594 CR 623**
BUSHNELL FL

TITLE Change Addition
 NAME **DM**
 STREET ADDRESS **WILLIAM G. BABCOCK**
 CITY-ST-ZIP **12445 94TH AVE. N.**
SEMINOLE, FL. 33772

TITLE Delete
 NAME **DM**
 STREET ADDRESS **EVANS, CARL**
 CITY-ST-ZIP **2852 W. VINA DEL MAR**
ST PETERSBURG BCH. FL

TITLE Change Addition
 NAME **DM**
 STREET ADDRESS **CARL E. EVANS**
 CITY-ST-ZIP **11069 MAXTON WAY**
PINELLAS PARK FL 33782

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: *Mark W. Evans* **MARK W. EVANS, SECRETARY**

Date **1-15-2000** Daytime Phone # **727-572-7100**