

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 19, 2001 8:00 am**  
**Secretary of State**

01-19-2001 90069 023 \*\*\*150.00

0000078

**DOCUMENT # 613714**

1. Entity Name  
**EVA-TONE, INC.**

Principal Place of Business  
**4801 ULMERTON ROAD  
 CLEARWATER FL 34622**

Mailing Address  
**4801 ULMERTON ROAD  
 CLEARWATER FL 34622**

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 **59-1901786**

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

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

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, 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	CDM	<input type="checkbox"/> Delete
NAME	EVANS, R. EVAN	
STREET ADDRESS	2803 BLUFFS DR	
CITY-ST-ZIP	LARGO FL 33770	
TITLE	VDM	<input type="checkbox"/> Delete
NAME	EVANS, LUELLA	
STREET ADDRESS	2803 BLUFFS DR	
CITY-ST-ZIP	LARGO FL 33770	
TITLE	SDM	<input type="checkbox"/> Delete
NAME	EVANS, MARK	
STREET ADDRESS	9502 120TH ST N	
CITY-ST-ZIP	SEMINOLE FL 33772	
TITLE	PTDM	<input type="checkbox"/> Delete
NAME	WELCH, NORMAN	
STREET ADDRESS	2957 SWEETGUM WAY S.	
CITY-ST-ZIP	CLEARWATER FL 33761	
TITLE	DM	<input type="checkbox"/> Delete
NAME	EVANS, KIM	
STREET ADDRESS	8594 CR 623	
CITY-ST-ZIP	BUSHNELL FL	
TITLE	DM	<input type="checkbox"/> Delete
NAME	EVANS, CARL	
STREET ADDRESS	11069 MAXTON WAY	
CITY-ST-ZIP	PINELLAS PARK FL 33782	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	VDM	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BABCOCK, WILLIAM	
STREET ADDRESS	12445 94TH AVE N	
CITY-ST-ZIP	SEMINOLE, FL 33772	
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: Mark W. Evans

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**MARK EVANS** **JAN 5, 2001** (927) 572-7000

Date

Daytime Phone #

CR2E034 (10/00)