

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A97000002179**

1. Entity Name

**EVOS - EXTREME, LTD.**

FILED

00 JUL -7 AM 9:07

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business

3211 BAY TO BAY BLVD.  
TAMPA FL 33629

Mailing Address

3211 BAY TO BAY BLVD.  
TAMPA FL 33629-7105

2. Principal Place of Business

609 S. HOWARD AV

Suite, Apt. #, etc.

3. Mailing Address

609 S HOWARD AV

Suite, Apt. #, etc.

City & State

TAMPA, FLA

City & State

TAMPA, FLA

4. FEI Number

59-3508969

Applied For

Not Applicable

Zip  
33606

Country  
USA

Zip  
33606

Country  
USA

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

HANEY, R. REID  
101 EAST KENNEDY BLVD., SUITE 4100  
TAMPA FL 33602

7. Name and Address of New Registered Agent

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. Capital Contributions  
as Shown on record.

\$100,000.00

10. Amount of Capital Contributions  
in FLORIDA to date.

\$125,000

11. MAKE CHECK PAYABLE TO DEPT. OF STATE  
SEE REVERSE SIDE FOR FEE INFORMATION

A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.  
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION

DOCUMENT # P97000086934  
NAME EVOS - EXTREME, INC.  
STREET ADDRESS 3211 BAY TO BAY BLVD.  
CITY - ST - ZIP TAMPA FL 33629

DOCUMENT #  
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CITY - ST - ZIP

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NAME  
STREET ADDRESS  
CITY - ST - ZIP

13. ADDRESS CHANGES ONLY

STREET ADDRESS

609 S HOWARD AV

CITY - ST - ZIP

TAMPA, FL 33606

STREET ADDRESS

CITY - ST - ZIP

STREET ADDRESS

CITY - ST - ZIP

STREET ADDRESS

CITY - ST - ZIP

STREET ADDRESS

CITY - ST - ZIP

STREET ADDRESS

CITY - ST - ZIP

14. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE:

SIGNATURE REQUIRED  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

4/26/00  
Date

(813) 258-0005  
Daytime Phone #