

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 24, 2003 8:00 am
Secretary of State

03-24-2003 90171 048 ***150.00

DOCUMENT # F01000006561

1. Entity Name

A. EVINGTON FOOTE AGENCY, INC.



Principal Place of Business

**2801 N. PENINSULA AVE., STE 1101
NEW SMYRNA BEACH FL 32169**

Mailing Address

**2801 N. PENINSULA AVE., STE 1101
NEW SMYRNA BEACH FL 32169**

2. Principal Place of Business

257 MINORCA BEACH WAY

3. Mailing Address

257 MINORCA BEACH WAY

Suite, Apt. #, etc.

SUITE # 1101

Suite, Apt. #, etc.

SUITE # 1101

City & State

NSB, FL

City & State

NEW SMYRNA BEACH, FL

Zip

32169

Country

USA

Zip

32169

Country

USA

4. FEI Number

41-1557295

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

FOOTE, ARNOLD E

**2801 N. PENINSULA AVE., STE 1101
NEW SMYRNA BEACH FL 32169**

Name

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

City

FL

Zip Code

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Arnold E Foote*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

3-15-03

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE **PCTD** ☐ Delete
NAME **FOOTE, ARNOLD E**
STREET ADDRESS **2801 N. PENINSULA AVE., STE 1101**
CITY-ST-ZIP **NEW SMYRNA BEACH FL**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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CITY-ST-ZIP

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Arnold E Foote*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-15-03 6123828899

Date

Daytime Phone #

CR2E034 (10/02)