

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F41865

1. Entity Name
EVANS & SCARBORO INSURANCE, INC.

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

03-24-2003 90177 032 ***150.00

Principal Place of Business Mailing Address
11906 S.W. 40th St Webster, Fla. 33597 Same

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



DO NOT WRITE IN THIS SPACE

4. FEI Number	59-2115515	Applied For
		Not Applicable

5. Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent
EVANS, BILL E.
11906 S.W. 40th St Webster, Fla. 33597

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 Bill E. Evans Pres. Bill E. Evans 3/21/2003
Signature, typed or printed name of registered agent and this if applicable (NOTE: Registered Agent signature required when reinstating)

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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EVANS, MARK E. 11906 S.W. 40th St Webster, Fla. 33597	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Mark Evans 11906 S.W. 40th St Webster, Fla. 33597
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP EVANS, BILL E. 11906 S.W. 40th St Webster, Fla. 33597	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Pres. Bill E. Evans 11906 S.W. 40th St Webster, Fla. 33597
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE 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 Bill E. Evans
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/21/2003 1-252-568-3112
1/09/2001 1-846-6421
Daytime Phone #

CR2E034 (10/00)