

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F69989

1. Entity Name

L.F. EVERETT COMPANY, INC.

Principal Place of Business

220 9TH AVE NO
JACKSONVILLE BEACH FL 32250
US

Mailing Address

% L.F. EVERETT
182 POINSETTA STREET
ATLANTIC BEACH FL 32233

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

32250

DUVAL

4. FEI Number 59-2187111

Applied For:

Not Applicable

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

EVERETT, L.F.
182 POINSETTA STREET
ATLANTIC BEACH FL 32233

Name

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

4332 TIDEVIEW DRIVE

City

JACKSONVILLE,

FL

Zip Code

32250

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
NAME
STREET ADDRESS
CITY - ST - ZIP
DP
EVERETT, L F
182 POINSETTA ST
ATLANTIC BEACH FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
DV
EVERETT, CAROLYN
182 POINSETTIA ST
ATLANTIC BEACH FL 32233 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
DP
EVERETT, L. F.
4332 TIDEVIEW DRIVE
JACKSONVILLE, FL 32250 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
DV
EVERETT, CAROLYN
4332 TIDEVIEW DRIVE
JACKSONVILLE, FL 32250 ☒ Change ☐ Addition

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

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

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

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

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 a signature like empowered.

SIGNATURE:

SIGNATURE AND TYPED OFFICE NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
May 14, 2001 8:00 am
Secretary of State

05-14-2001 90191 005 ***150.00

974196



DO NOT WRITE IN THIS SPACE

0019305

CR2E034 (10/00)

4-27-01 (904) 241-1800, X-21