

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F70734

1. Entity Name
EVEREST COMPONENTS, INC.

Principal Place of Business

1103 W. HIBICUS BLVD.
401
MELBOURNE FL 32901
US

Mailing Address

1103 W. HIBICUS BLVD.
401
MELBOURNE FL 32901
US

2. Principal Place of Business

1045 STEEPCCHASE CR

3. Mailing Address

1045 STEEPCCHASE CR

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MALABAR, FL

City & State

MALABAR, FL

4. FEI Number

59-2215767

Applied For

Not Applicable

Zip

32950

Country

USA

Zip

3-2-9-50

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SCARGILL, PHILIP
1045 STEEPCCHASE CR.
MALABAR FL 32950

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. 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, 2002 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
PTD SCARGILL, PHILIP 1045 STEEPCCHASE CR. MALABAR FL ☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP
V SCARGILL, DIANE MARIE 1045 STEEPCCHASE CR. MALABAR FL ☐ 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 ☐ 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

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 all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-4-02 321 727 3630

Date

Daytime Phone #

FILED
Jan 08, 2002 8:00 am
Secretary of State

01-08-2002 90020 042 ***150.00



DO NOT WRITE IN THIS SPACE

013486 AV

CR2E034 (9/01)