

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 19, 2001 8:00 am**  
**Secretary of State**

04-19-2001 90334 019 \*\*\*150.00

**DOCUMENT # F81494**

1. Entity Name  
**EVANGELINE'S, INC.**

Principal Place of Business  
**10473 DEERFOOT LANE, NORTH  
 JACKSONVILLE FL 32257-1042**

Mailing Address  
**10473 DEERFOOT LANE, NORTH  
 JACKSONVILLE FL 32257-1042**

**00039332**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-2207063**

Applied For  
 Not Applicable

Zip

Country

Zip

Country

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

**SHORT, FREDERICK R. JR.  
 3733 UNIVERSITY BLVD. WEST, SUITE 106  
 JACKSONVILLE FL 32216**

Name **EVANGELINE SOLOMON**  
 Street Address (P.O. Box Number is Not Acceptable) **10473 DEERFOOT LANE NORTH**  
 City **JACKSONVILLE** FL Zip Code **32257**

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 *Evangeline Solomon*

**x 4/16/01**

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

(NOTE: Registered Agent signature required when re-instating)

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  Delete  
 NAME **PD SOLOMON, EVANGELINE B**  
 STREET ADDRESS **10473 DEERFOOT LANE, NO.**  
 CITY-ST-ZIP **JACKSONVILLE FL**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME **VT SOLOMON, JAMES MONROE**  
 STREET ADDRESS **10473 DEERFOOT LANE, NO.**  
 CITY-ST-ZIP **JACKSONVILLE FL**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
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TITLE  Delete  
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 CITY-ST-ZIP

TITLE  Change  Addition  
 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: *Evangeline Solomon*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**x 4/16/01**  
 Date

**x (904) 260-0905**  
 Daytime Phone #

CR2E034 (10/00)