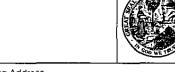
FILED Jan 27, 2003 8:00 am **Secretary of State**

01-27-2003 90547 008 ***150.00

2003 FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR**

F86970 DOCUMENT # 1. Entity Name EVANS FARMS, INC.



Principal Place of Business % THOMAS P. EVANS

Mailing Address % THOMAS P. EVANS

10605 ILEX ST TAMPA FL 33618		10605 ILEX ST TAMPA FL 33618			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
	6. Name and Address of Cu	urrent Registered Agent			
DVANC TUC	MAC D		Name		

☐ CHECK HERE IF MAKING CHANGES

5. Certificate of Status Desired			Fee Required	
7.	Name and Address of New Re	gistere	d Agent	_
	•			
٥.	Box Number is Not Acceptable)			_

Evans, Thomas P. 10605 ILEX ST TAMPA FL 33618

SIGNATURE

_	City			FL	Zip Code	
		 	 4.5			-

59-2203299

4. FEI Number

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, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00

(NOTE: Registered Agent signature required when reinstating)

Street Address (P.O.

DATE

9. Election Campaign Financing Trust Fund Contribution,

\$5.00 May Be Added to Fees

Applied For

\$8.75 Additional

Not Applicable

Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. TITLE ☐ Delete TITLE ☐ Change Addition EVANS, BETTY D NAME NAME 10605 ILEX STREET STREET ADDRESS STREET ADDRESS TAMPA FL CITY-ST-7IP CITY-ST-7IP PD TITLE ☐ Delete TITLE Change ☐ Addition EVANS, THOMAS P NAME NAME 10605 ILEX STREET STREET ADDRESS STREET ADDRESS TAMPA FL CITY-ST-ZIP CITY-ST-ZIP TITLE ۷P ☐ Delete TITI F ☐ Change ☐ Addition EVANS, THOMAS D. NAME NAME STREET ADDRESS 1401 DORSETT PLACE STREET ADDRESS CITY-ST-ZIP TAMPA FL CITY-ST-ZIP Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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

EVAns-1/24/03-(8/13) 532-2898