

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F94000000329

1. Entity Name
EVERGREEN INDUSTRIES, INC.

FILED
Aug 21, 2000 8:00 am
Secretary of State

08-21-2000 90207 036 ***550.00

Principal Place of Business
18120 SAN CARLOS BLVD. #906
FT. MYERS BEACH FL 33931

Mailing Address
18120 SAN CARLOS BLVD. #906
FT. MYERS BEACH FL 33931

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State
Zip Country

City & State
Zip Country

4. FEI Number 54-0754136
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

WHITCRAFT, JOSEPH L
18120 SAN CARLOS BLVD. #906
FT. MYERS BEACH FL 33931

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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 DCPT
NAME WHITCRAFT, JOSEPH L
STREET ADDRESS 18120 SAN CARLOS BLVD. #906
CITY-ST-ZIP FT. MYERS BEACH FL 33931

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D
NAME WHITCRAFT, ERIC
STREET ADDRESS 10904 JUSTIN KNOLL RD
CITY-ST-ZIP OAKTON VA

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE DVS
NAME WHITCRAFT, KATHLEEN
STREET ADDRESS 18120 SAN CARLOS BLVD. #906
CITY-ST-ZIP FT. MYERS BEACH FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

Joseph L Whitcraft
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

14 AUGUST 2000

Date

703 620-3228

Daytime Phone #

CR2E034 (5/00)