2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # G80052 Jan 20, 2000 8:00 am 1. Entity Name **Secretary of State** C. EVANS CONSTRUCTION INC. 01-20-2000 90247 012 ***150.00 Principal Place of Business Mailing Address 12540 ROD AND GUN CLUB RD. 12540 ROD AND GUN CLUB RD. FORT MYERS FL 33913-9613 FORT MYERS FL 33913 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 59-2353026 Not Applicable Country Country \$8.75 Additional Zip 5. Certificate of Status Desired __________ Fee Required* 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name EVANS JR., CARL Street Address (P.O. Box Number is Not Acceptable) 12540 ROD AND GUN CLB RD FORT MYERS FL 33913 : 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 FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 ☐ Change Addition TITLE TITLE Delete EVANS JR., CARL L. NAME NAME STREET ADDRESS 12540 ROD AND GUN CLB RD STREET ADDRESS FORT MYERS FL CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete ☐ Change TITLE EVANS, RUTH L. NAME 12540 ROD AND GUN CLB RD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP FORT MYERS FL Change ☐ Addition TITLE ☐ Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS 主流的 智 保险 CITY-ST-ZIP CITY-ST-ZIP TITLE Change ☐ Addition Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-12-2000

941-369-3691

Daytime Phone #