

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 02, 2000 8:00 am
Secretary of State

02-02-2000 90086 001 ***300.00

DOCUMENT # G80378

1. Entity Name

EVELYN & ARTHUR, INC.

Principal Place of Business

Mailing Address

100 NORTH COUNTY ROAD
 PALM BEACH FL 33480

100 NORTH COUNTY ROAD
 PALM BEACH FL 33480-3907

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2398038

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

LEWIS, ARTHUR
3170 S OCEAN BLVD #205-S
PALM BEACH FL 33480

Name

Street Address (P.O. Box Number is Not Acceptable)

4889 S. CITATION DR #103

City

DELRAY BEACH, FL

Zip Code

33445

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, 2000 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

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEWIS, ARTHUR	NAME	4889 S. CITATION DR. #103
STREET ADDRESS	3170 S OCEAN BLVD #205-S	STREET ADDRESS	DELRAY BEACH, FL 33445-6561
CITY-ST-ZIP	PALM BEACH FL	CITY-ST-ZIP	DELRAY BEACH, FL 33445-6561
TITLE	D <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEWIS, EVELYN	NAME	4889 S. CITATION DR. #103
STREET ADDRESS	3170 S OCEAN BLVD #205-S	STREET ADDRESS	DELRAY BEACH, FL 33445-6561
CITY-ST-ZIP	PALM BEACH FL	CITY-ST-ZIP	DELRAY BEACH, FL 33445-6561
TITLE	S <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WEISSMAN, ADRIANNE	NAME	
STREET ADDRESS	1043 SHADY LAKES CIR.	STREET ADDRESS	
CITY-ST-ZIP	PALM BCH.GARDENS FL	CITY-ST-ZIP	
TITLE	VP <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WEISSMAN, FREDRIC	NAME	
STREET ADDRESS	1043 SHADY LAKES CIR.	STREET ADDRESS	
CITY-ST-ZIP	PALM BCH.GARDENS FL	CITY-ST-ZIP	
TITLE	VP <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MITCHELL LEWIS	NAME	
STREET ADDRESS	6687 NEWPORT LAKE CIR	STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON FL 33496	CITY-ST-ZIP	
TITLE	VP <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JAYNE LEWIS	NAME	
STREET ADDRESS	6687 NEWPORT LAKE CIR	STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON FL 33496	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 supplementary 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:

[Handwritten Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-21-00

Date

561-585-4001

Daytime Phone #

CR2E034 (9/99)