

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 18, 2001 8:00 am
Secretary of State

04-18-2001 90216 001 ***300.00

0325832

DOCUMENT # G80378

1. Entity Name
EVELYN & ARTHUR, INC.

Principal Place of Business 100 NORTH COUNTY ROAD PALM BEACH FL 33480	Mailing Address 100 NORTH COUNTY ROAD PALM BEACH FL 33480
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37898



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number 59-2398038		Applied For	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent							
LEWIS, ARTHUR 4889 S CITATION DRIVE #103 DELRAY BEACH FL 33445				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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	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. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LEWIS, ARTHUR 4889 S CITATION DRIVE #103 DELRAY BEACH FL 33445-6561	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 7677 BELLA VERDEWAY DELRAY BEACH, FL 33446
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LEWIS, EVELYN 4889 S CITATION DRIVE #103 DELRAY BEACH FL 33445-6561	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 7677 BELLA VERDEWAY DELRAY BEACH, FL 33446
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S WEISSMAN, ADRIANNE 1043 SHADY LAKES CIR. PALM BCH.GARDENS FL	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP WEISSMAN, FREDRIC 1043 SHADY LAKES CIR. PALM BCH.GARDENS FL	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MITCHELL LEWIS 6687 NEWPORT LAKE CIR BOCA RATON FL 33496	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 4790 NORTH CITATION DRIVE #101 DELRAY BEACH FL 33445
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP JAYNE LEWIS 6687 NEWPORT LAKE CIR BOCA RATON FL 33496	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 4790 NORTH CITATION DRIVE #101 DELRAY BEACH, FL 33445

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: VP. Fred Weissman V.P. Date: 4/9/01 Daytime Phone #: 561-581-4001

CR2E034 (10/00)