

## 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 29, 2002 8:00 am**  
**Secretary of State**

03-29-2002 90192 018 \*\*\*150.00

DOCUMENT # H13321

1. Entity Name  
**EVERS INCORPORATED**

Principal Place of Business

**2148 B MCGREGOR BLVD**  
**FT. MYERS FL 33901**  
**US**

Mailing Address

**2148 B MCGREGOR BLVD**  
**FT. MYERS FL 33901**  
**US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

4. FEI Number

59-2432523

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**EVERS, ROBERT FREDERICK**  
**2148 B MCGREGOR BLVD**  
**FT MYERS FL 33901**

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]* **ROBERT FREDERICK EVERS**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

*[Signature]* **3/18/02**

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, 2002 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

TITLE ☐ Delete  
 NAME **ST**  
 STREET ADDRESS **LEES, YVONNE**  
 CITY-ST-ZIP **12622 N KENWOOD LN**  
**FORT MYERS FL 33907**

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME **PD**  
 STREET ADDRESS **EVERS, ROBERT F.**  
 CITY-ST-ZIP **154 CONNECTICUT AVENUE**  
**FT. MYERS FL**

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME **VD**  
 STREET ADDRESS **KLADD, JENNIFER K**  
 CITY-ST-ZIP **13777 FEATHER SOUND CIRCLE # 605**  
**CLEARWATER FL 33762**

TITLE ☒ Change ☐ Addition  
 NAME **VD**  
 STREET ADDRESS **JENNIFER K KLADD - LICONA**  
 CITY-ST-ZIP **13777 FEATHER SND CIRCLE #605**  
**CLEARWATER, FL 33762**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*[Signature]* **3/18/02** **941 332 5470**

CR2E034 (9/01)