

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Aug 21, 2002 8:00 am**  
**Secretary of State**

08-21-2002 90093 021 \*\*\*150.00

**DOCUMENT # H48133**

1. Entity Name

**EVANS MARKET, INC.**

Principal Place of Business

**C/O RUEDON A. EVANS  
 121 N HWY 17-92  
 HAINES CITY FL 33844**

Mailing Address

**C/O RUEDON A. EVANS  
 121 N HWY 17-92  
 HAINES CITY FL 33844**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**59-2509937**

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

**EVANS, RUEDON A.  
 121 N HWY 17-92  
 HAINES CITY FL**

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. I am familiar with, and accept the obligations of registered agent.

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, 2002 Fee 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  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
**ST  
 EVANS, ETOYLE  
 121 N HWY 17-92  
 HAINES CITY FL** ☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
**P.  
 EVANS, RUEDON A  
 121 N. HWY 17-92  
 HAINES City, FL 33844** ☐ Change ☒ Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP ☐ Delete

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

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TITLE  
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 CITY-ST-ZIP ☐ Change ☐ Addition

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:

*Ruedon A. Evans*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*8/19/2002*  
*843-422-1321*

CR2E034 (4/02)

Attachment

H/48/33  
124230

August 1, 2002

Division of Corporations  
Uniform Business Report Filings  
P.O. Box-1500-  
Tallahassee, FL 32302-1500

To Whom It May Concern:

This is in response to the 2002 Uniform Business Report we recently received in the mail.

We have no record of EVER receiving the first notice to file this form. Because of this, we are sending in the completed form and the \$150.00 fee.

Thank you for your time and consideration.

Sincerely,

*Ruedon A. Evans*

Ruedon A. Evans  
President

Enclosure: UBR with check

RAE/tm