

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Apr 19, 2001 08:00 AM**
Secretary of State**DOCUMENT # K09407**1. Entity Name
EVERGREEN EQUITIES GROUP, INC.Principal Place of Business
C/O CHRISTINE LETO
ONE INDEPENDANT DR 2210
JACKSONVILLE FL 322202Mailing Address
C/O CHRISTINE LETO
ONE INDEPENDANT DR 2210
JACKSONVILLE US FL 3222022. Principal Place of Business
C/O DAN ARMSTRONG3. Mailing Address
C/O DAN ARMSTRONGSuite, Apt. #, etc.
ONE INDEPENDANT DR 2210Suite, Apt. #, etc.
ONE INDEPENDANT DR 2210City & State
JACKSONVILLE FLCity & State
JACKSONVILLE FLZip Country
322202 USZip Country
322202 US4. FEI Number
59-2863847Applied For
Not Applicable5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered AgentSURFACE FRANK JIII
ONE INDEPENDANT DRIVE STE 2210JACKSONVILLE FL
32202**7. Name and Address of New Registered Agent**

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 **J. FRANK SURFACE III****04/19/2001**

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, 2001 Fee will be \$550.00
Make Check Payable to Department of State10. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be
Added to Fees**11. OFFICERS AND DIRECTORS**TITLE D ☐ Delete
NAME GITTINGS, ROBERT L. JR
STREET ADDRESS 100N LAURA
CITY-ST-ZIP JACKSONVILLE FL 32202TITLE D ☐ Delete
NAME SCHULTZ, CLIFFORD G., II
STREET ADDRESS PO BOX 1200
CITY-ST-ZIP JACKSONVILLE FL 32202TITLE D ☐ Delete
NAME SCHULTZ, JOHN R.
STREET ADDRESS PO BOX 1200
CITY-ST-ZIP JACKSONVILLE FL 32207TITLE D ☐ Delete
NAME MORI, KURT W.
STREET ADDRESS 505 LAREASTER ST # 16-C
CITY-ST-ZIP JACKSONVILLE FL 32204TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**TITLE D ☒ Change ☐ Addition
NAME GITTINGS, ROBERT L. JR
STREET ADDRESS 100 N. LAURA
CITY-ST-ZIP JACKSONVILLE FL 32202TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE D ☒ Change ☐ Addition
NAME SCHULTZ, JOHN R.
STREET ADDRESS PO BOX 1200
CITY-ST-ZIP JACKSONVILLE FL 32207TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ 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: J. Frank Surface III**A****04/19/2001**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)