

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 05, 2002 8:00 am**  
**Secretary of State**

05-05-2002 90063 031 \*\*\*150.00

**DOCUMENT # K09407**

1. Entity Name  
**EVERGREEN EQUITIES GROUP, INC.**

Principal Place of Business  
**C/O DAN ARMSTRONG**  
**ONE INDEPENDANT DR 2210**  
**JACKSONVILLE FL 32-2202**  
**US**

Mailing Address  
**C/O DAN ARMSTRONG**  
**ONE INDEPENDANT DR 2210**  
**JACKSONVILLE FL 32-2202**  
**US**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
**45 West Bay St**  
 Suite, Apt. #, etc.  
**Suite 203**  
 City & State  
**Jacksonville, FL**

3. Mailing Address  
**45 West Bay St**  
 Suite, Apt. #, etc.  
**Suite 203**  
 City & State  
**Jacksonville, FL**

4. FEI Number **59-2863847** Applied For  
 Not Applicable

Zip **32202** Country **USA**

Zip **32202** Country **USA**

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent  
**SURFACE, FRANK J III**  
**ONE INDEPENDENT DRIVE STE 2210**  
**JACKSONVILLE FL 32202**

7. Name and Address of New Registered Agent  
 Name **Robert L. Gittings, Jr.**  
 Street Address (P.O. Box Number is Not Acceptable)  
**45 W. Bay Street, Suite 203**  
 City **Jacksonville** FL Zip Code **32202**

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 **Robert J. Gittings, Jr. Managing Member** DATE **4-18-02**  
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)

**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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <input type="checkbox"/> Delete <b>MORI, KURT W.</b> <b>505 LAREASTER ST # 16-C</b> <b>JACKSONVILLE FL 32204</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <input type="checkbox"/> Delete <b>SCHULTZ, JOHN R.</b> <b>PO BOX 1200</b> <b>JACKSONVILLE FL 32207</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <input type="checkbox"/> Delete <b>SCHULTZ, CLIFFORD G., II</b> <b>PO-BOX-1200</b> <b>JACKSONVILLE FL 32202</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <input type="checkbox"/> Delete <b>GITTINGS, ROBERT L JR</b> <b>100 N. LAURA</b> <b>JACKSONVILLE FL 32202</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>Kurt W. Mori</b> <b>4304 McGirts Blvd.</b> <b>Jacksonville, FL 32210</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>Robert L. Gittings, Jr.</b> <b>45 W. Bay St., Suite 203</b> <b>Jacksonville, FL 32202</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: **Robert L. Gittings, Jr.** DATE **4-18-02** DAYTIME PHONE # **904-356-1060**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/01)