

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # K09407

1. Entity Name
EVERGREEN EQUITIES GROUP, INC.

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

05-05-2002 90063 031 ***150.00

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

Zip

32202

Country

USA

3. Mailing Address

45 West Bay St

Suite, Apt. #, etc.

Suite 203

City & State

Jacksonville, FL

Zip

32202

Country

USA

4. FEI Number

59-2863847

Applied For

Not Applicable

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

4-18-02

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, 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 D
NAME MORI, KURT W.
STREET ADDRESS 505 LAREASTER ST # 16-C
CITY-ST-ZIP JACKSONVILLE FL 32204 ☐ Delete

TITLE D
NAME SCHULTZ, JOHN R.
STREET ADDRESS PO BOX 1200
CITY-ST-ZIP JACKSONVILLE FL 32207 ☐ Delete

TITLE D
NAME SCHULTZ, CLIFFORD G., II
STREET ADDRESS PO BOX 1200
CITY-ST-ZIP JACKSONVILLE FL 32202 ☐ Delete

TITLE D
NAME GITTINGS, ROBERT L JR
STREET ADDRESS 100 N. LAURA
CITY-ST-ZIP JACKSONVILLE FL 32202 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME Kurt W. Mori
STREET ADDRESS 4304 McGirts Blvd.
CITY-ST-ZIP Jacksonville, FL 32210 ☒ Change ☐ Addition

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

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

TITLE
NAME Robert L. Gittings, Jr.
STREET ADDRESS 45 W. Bay St., Suite 203
CITY-ST-ZIP Jacksonville, FL 32202 ☒ Change ☐ Addition

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

TITLE
NAME
STREET ADDRESS
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:

Robert L. Gittings, Jr.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Robert L. Gittings 4-18-02
DATE

904-356-1060
Daytime Phone #

CR2E034 (9/01)