

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 19, 2003 8:00 am**  
**Secretary of State**

02-19-2003 90010 016 \*\*\*150.00

0021699 AV

**DOCUMENT # K09407**

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



Principal Place of Business  
**45 WEST BAY STREET  
SUITE 2032  
JACKSONVILLE FL 32202  
US**

Mailing Address  
**45 WEST BAY STREET  
SUITE 2032  
JACKSONVILLE FL 32202  
US**



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**203**

**203**

City & State

City & State

4. FEI Number **59-2863847**

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

**GITTINGS, ROBERT L  
45 WEST BAY STREET  
SUITE 203  
JACKSONVILLE FL 32202**

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

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2003 Fee will be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Delete
D	MORI, KURT W.	4304 MCGRITS BLVD	JACKSONVILLE FL 32210	<input type="checkbox"/>
D	SCHULTZ, JOHN R.	PO BOX 1200	JACKSONVILLE FL 32207	<input type="checkbox"/>
D	SCHULTZ, CLIFFORD G., II	PO BOX 1200	JACKSONVILLE FL 32202	<input type="checkbox"/>
D	GITTINGS, ROBERT L JR	45 WEST BAY STREET STE 203	JACKSONVILLE FL 32202	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

**32202**

12. 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 10 or Block 11 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

2/17/03 (904)356-1060  
Date Daytime Phone #

CR2E034 (10/02)