

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 17, 2000 8:00 am**  
**Secretary of State**  
03-17-2000 90033 028 \*\*\*150.00

**DOCUMENT # K26131**

1. Entity Name

**EBVOL, INC.**

Principal Place of Business

**28057 WESTBROOK DRIVE  
BONITA SPRINGS FL 33923**

Mailing Address

**28057 WESTBROOK DRIVE  
BONITA SPRINGS FL 34135-6951**

2. Principal Place of Business

3. Mailing Address

**3763 Enterprise Ave.**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

**Naples FL.**

4. FEI Number

**65-0064428**

Applied For

Not Applicable

Zip

Country

Zip

Country

**34104**

**Collier**

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

**MARCH, THOMAS  
28057 WESTBROOK DR  
BONITA SPRINGS FL 33923**

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

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, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| TITLE | NAME | STREET ADDRESS      | CITY-ST-ZIP                           | <input type="checkbox"/> Delete | TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
|-------|------|---------------------|---------------------------------------|---------------------------------|-------|------|----------------|-------------|---------------------------------|-----------------------------------|
|       | DR   | SCANLAN, BRIAN      | 5518 SUNRISE DR.<br>FT. MYERS FL      | <input type="checkbox"/>        |       |      |                |             | <input type="checkbox"/>        | <input type="checkbox"/>          |
|       | DR   | GAVIN, JOHN         | 1349 CHALON LANE<br>FT. MYERS FL      | <input type="checkbox"/>        |       |      |                |             | <input type="checkbox"/>        | <input type="checkbox"/>          |
|       | DR   | MARCH, THOMAS       | 2555 ESTERO BLVD.<br>FT. MYERS BCH FL | <input type="checkbox"/>        |       |      |                |             | <input type="checkbox"/>        | <input type="checkbox"/>          |
|       | DR   | APGARSCHMITT, PEGGY | 21400 CORRSREW RD<br>ESTERO FL        | <input type="checkbox"/>        |       |      |                |             | <input type="checkbox"/>        | <input type="checkbox"/>          |
|       | DR   | BOOTH, DANNY        | 2811 S.E. 22ND PL<br>CAPE CORAL FL    | <input type="checkbox"/>        |       |      |                |             | <input type="checkbox"/>        | <input type="checkbox"/>          |
|       |      |                     |                                       | <input type="checkbox"/>        |       |      |                |             | <input type="checkbox"/>        | <input type="checkbox"/>          |

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**Thomas March** **3-12-00** **941-435-3940**

CR2E034 (9/99)