

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 09, 2002 8:00 am
Secretary of State

04-09-2002 90735 042 ***150.00

DOCUMENT # *K26131*

1. Entity Name

EVVOL, INC.

DO NOT WRITE IN THIS SPACE

B0061798

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
3763 ENTERPRISE AVE.
Suite, Apt. #, etc.

3. Mailing Address
3763 ENTERPRISE AVE.
Suite, Apt. #, etc.

City & State
NAPLES, FL

City & State
NAPLES, FL

4. FEI Number
65-0064428

Applied For
Not Applicable

Zip
34104

Country
USA

Zip
34104

Country
USA

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

7. Name and Address of Current Registered Agent

Name **MARCH, THOMAS**

Street Address (P.O. Box Number is Not Acceptable)

3763 ENTERPRISE AVE.

City
NAPLES

FL

Zip Code
34104

**DO NOT WRITE
IN THIS SPACE**

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

Thomas March

THOMAS MARCH

3/29/2002

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) ☐

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25

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	DR. SCANLAN, BRIAN 5518 SUNRISE DR. FT. MYERS, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DR. GAVIN, JOHN 1349 CHALON LANE FT. MYERS, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DR. MARCH, THOMAS 28057 WESTBROOK DRIVE BONITA SPRINGS, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DR. APGARSCHMITT, PEGGY 21400 CORKSCREW RD. BONITA SPRINGS, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DR. BOOTH, DANNY 2811 S.E. 22ND PL. CAPE CORAL, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE 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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Thomas March

THOMAS MARCH

3/29/2002

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/01)