

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 12, 2002 8:00 am
Secretary of State

0171787 AV

DOCUMENT # K64862

1. Entity Name
C. J. EVANS AND ASSOCIATES INC.

04-12-2002 90002 042 ***150.00

| | |
|---|---|
| Principal Place of Business % CRAIG J. EVANS 1800 S OCEAN BLVD., #1101 POMPANO BEACH FL 33062 | Mailing Address % CRAIG J. EVANS 1800 S OCEAN BLVD., #1101 POMPANO BEACH FL 33062 |
|---|---|



DO NOT WRITE IN THIS SPACE

| | | | | | | |
|--------------------------------|---------|---------------------|---------|---|--|---------------------------------------|
| 2. Principal Place of Business | | 3. Mailing Address | | 4. FEI Number NOT APPLICABLE | | Applied For |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | 5. Certificate of Status Desired <input type="checkbox"/> | | Not Applicable |
| City & State | | City & State | | 5. Certificate of Status Desired <input type="checkbox"/> | | \$8.75 Additional Fee Required |
| Zip | Country | Zip | Country | | | |

| | | | | | | | | | |
|--|--|--|--|--|--|--|--|-----------|----------|
| 6. Name and Address of Current Registered Agent | | | | 7. Name and Address of New Registered Agent | | | | | |
| EVANS, CRAIG J. 1800 S OCEAN BLVD STE 1101 POMPANO BCH FL 33062 | | | | 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 _____ (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) <input type="checkbox"/> | 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. <input type="checkbox"/> | \$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 | D EVANS, CRAIG J. 1800 S OCEAN BLVD STE 1101 POMPANO BCH FL | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | V EVANS, LIANE S. 1800 S OCEAN BLVD STE 1101 POMPANO BCH FL | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | 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: *Craig J. Evans* **CR2E034 (9/01)**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **Craig J. Evans President** **3-30-02** **561-734-8585**
 Date Daytime Phone #