

**2001 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # L00775**

1. Entity Name

**EVERGREEN SALES & MARKETING SERVICES, INC.****FILED**  
**Jan 22, 2001 8:00 am**  
**Secretary of State**

01-22-2001 90091 049 \*\*\*158.75

0005172

Principal Place of Business  
**1449 S. NOVA RD.  
DAYTONA BCH FL 32114-5838  
US**

Mailing Address  
**1449 S. NOVA RD.  
DAYTONA BCH FL 32114-5838  
US**

UUUUUUUU



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number <b>59-2963966</b>		Applied For <input type="checkbox"/> Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.					
City & State		City & State					
Zip	Country	Zip	Country	5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>			

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
<b>MCGUIRE, ROBERT T 6893 HIDDEN GLADE PLACE SANFORD FL 32771</b>				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, 2001 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	<b>PCEO</b>	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MCGUIRE, ROBERT T</b>		NAME		
STREET ADDRESS	<b>6893 HIDDEN GLADE PLACE</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>SANFORD FL 32711</b>		CITY-ST-ZIP		
TITLE	<b>VPCO</b>	<input type="checkbox"/> Delete	TITLE	<b>VPCO</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>LORELLO, ROBERT J</b>		NAME	<b>LORELLO, ROBERT J.</b>	
STREET ADDRESS	<b>141-A GOLDEN EYE DRIVE</b>		STREET ADDRESS	<b>181 ARBORVUE TRAIL</b>	
CITY-ST-ZIP	<b>DAYTONA BEACH FL 32119</b>		CITY-ST-ZIP	<b>ORMOND BEACH, FL 32174</b>	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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 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

1/12/01

Date

904-258-2400

Daytime Phone #

CR2E034 (10/00)