

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 06, 2002 8:00 am
Secretary of State

05-06-2002 90129 002 ****50.00

DOCUMENT # L01000011624

1. Entity Name
EB&B PROPERTIES, LLC

Principal Place of Business

**4801 ULMERTON ROAD
 CLEARWATER FL 33762**

Mailing Address

**4801 ULMERTON ROAD
 CLEARWATER FL 33762**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3732448

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**WATER, CODY W.
 501 E. KENNEDY BLVD.
 SUITE 1700
 TAMPA FL 33602**

7. Name and Address of New Registered Agent

Name **CARL EVANS**

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

4801 ULMERTON RD.

City

CLEARWATER

FL

Zip Code
33762

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 **CARL EVANS, MEMBER**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4/23/02

DATE

FILE NOW!!! FEE IS \$50.00

**Make Check Payable to Department of State
 Due By May 1, 2002**

9. MANAGING MEMBERS/MANAGERS

TITLE **MGR** ☐ Delete
 NAME **EVA-TONE INC.**
 STREET ADDRESS **4801 ULMERTON RD.**
 CITY-ST-ZIP **CLEARWATER, FL 33762**

TITLE **MGRM** ☐ Delete
 NAME **CARL EVANS**
 STREET ADDRESS **2823 BRANCH CREEK AVE.**
 CITY-ST-ZIP **CLEARWATER FL 33760**

TITLE **MGRM** ☐ Delete
 NAME **MARK W. EVANS**
 STREET ADDRESS **9502 120TH LANE**
 CITY-ST-ZIP **SEMINOLE FL 33772**

TITLE **MGRM** ☐ Delete
 NAME **KIM EVANS**
 STREET ADDRESS **8594 CR 623**
 CITY-ST-ZIP **BUSHNELL, FL 33513**

TITLE **MGRM** ☐ Delete
 NAME **SUSAN BABCOCK**
 STREET ADDRESS **12445 94TH AVE. N.**
 CITY-ST-ZIP **SEMINOLE, FL 33772**

TITLE **MGRM** ☐ Delete
 NAME **LINDA BALL**
 STREET ADDRESS **820 HUNTER RD.**
 CITY-ST-ZIP **GLENVIEW FL 60025**

10. ADDITIONS/CHANGES

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

CR2E083 (9/01)

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: **CARL EVANS**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

4/23/02

Date

727.572.7000

Daytime Phone #