

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L01000016069

1. Entity Name

THOMAS L. EVANS CONSTRUCTION, LLC

Principal Place of Business

5702 RIVERSIDE DRIVE
PORT ORANGE FL 32127

Mailing Address

5702 RIVERSIDE DRIVE
PORT ORANGE FL 32127

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3739719

Applied For
Not Applicable

5. Certificate of Status Desired

☐ \$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

EVANS, THOMAS L
5702 RIVERSIDE DRIVE
PORT ORANGE FL 32127

7. Name and Address of New Registered Agent

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 re-registering)

DATE

FILE NOW!!! FEE IS \$50.00

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

9. MANAGING MEMBERS/MANAGERS

TITLE: President
NAME: THOMAS L EVANS
STREET ADDRESS: 5702 Riverside Drive
CITY-ST-ZIP: Port Orange FL 32127

☐ Delete

TITLE: Partner
NAME: JEFFREY L. EVANS
STREET ADDRESS: 5702 Riverside Drive
CITY-ST-ZIP: Port Orange, FL 32127

☐ Delete

TITLE: ~~Partner~~
NAME: ~~THOMAS L EVANS~~
STREET ADDRESS: ~~5702 Riverside Drive~~
CITY-ST-ZIP: ~~Port Orange, FL 32127~~

☐ Delete

TITLE: Partner
NAME: AUBREY G. CHISHOLM
STREET ADDRESS: 156 Spruce Street
CITY-ST-ZIP: NEW SMYRNA BEACH, FL 32168

☐ Delete

TITLE:
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

☐ Delete

TITLE:
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

☐ Delete

10. ADDITIONS/CHANGES

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

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

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☐ Change ☐ Addition

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

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:

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

THOMAS L EVANS

Date

4-23-02

Daytime Phone #

386-756-3547

FILED
May 27, 2002 8:00 am
Secretary of State

05-08-2002 90077 003 ****50.00

80600



DO NOT WRITE IN THIS SPACE

CR2E083 (9/01)