

**LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jul 08, 2002 8:00 am
Secretary of State

07-08-2002 90239 015 ****50.00

DOCUMENT # L01000021094

1. Entity Name

JOSEPH W. EVICH, CPA, PLC

900000

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2296 HABERSHAM DR

Suite, Apt. #, etc.

3. Mailing Address

2296 HABERSHAM DR

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Clearwater FL

City & State

Clearwater FL

4. FEI Number

59-3756568

Applied For

Not Applicable

Zip 33764 **Country**

Zip 33764 **Country**

5. Certificate of Status Desired ☐

**\$5.00 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name

JOSEPH W. EVICH

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

2296 HABERSHAM DR

City

Clearwater

FL

Zip Code

33764

**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

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

DATE

FEE IS \$50.00

**Make Check Payable to Department of State
DUE BY MAY 1**

9. MANAGING MEMBERS / MANAGERS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	Member MGR JOSEPH W. EVICH 2296 HABERSHAM DR Clearwater FL 33764	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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**DO NOT WRITE
IN THIS SPACE**

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:

Joseph W. Evich

4/29/02

CR2E03B (12/01)