

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 13, 2002 8:00 am
Secretary of State

03-13-2002 90119 042 ***150.00

0019321 AV

DOCUMENT # L50463

1. Entity Name
GEORGE EVERETT ASSOCIATES, INC.

Principal Place of Business

~~632 VERMONT AVE~~ **565 SOUTH A1A**
~~DAYTONA BCH FL 32118~~
ORMOND BEACH, FL 32176
US

Mailing Address

~~632 VERMONT AVE~~ **202 B NORTH SHORE**
~~DAYTONA BCH FL 32118~~ **ORMOND BEACH, FL 32176**
US



2. Principal Place of Business

565 SOUTH A1A
ORMOND BEACH, FL 32176
US

3. Mailing Address

202 B NORTH SHORE DR
ORMOND BEACH, FL 32176
US

DO NOT WRITE IN THIS SPACE

City & State

ORMOND BEACH, FL 32176

City & State

ORMOND BEACH, FL 32176

4. FEI Number **59-3004209**

Applied For
 Not Applicable

Zip

32176

Zip

32176

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

EVERETT, GEORGE
632 VERMONT AVENUE
DAYTONA BEACH FL 32118

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 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, 2002 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

TITLE **P** ☐ Delete
 NAME **EVERETT, GEORGE H**
 STREET ADDRESS **632 VERMONT AVENUE**
 CITY-ST-ZIP **DAYTONA BEACH FL 32118**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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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 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

3/1/02

Date

Daytime Phone #

CR2E034 (9/01)