

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 26, 2000 8:00 am
Secretary of State
 02-26-2000 90083 004 ***150.00

DOCUMENT # M98990

1. Entity Name
EVERBLADES, INC.

Principal Place of Business
 BRAD ROBERTS
 SUNSET BLVD
 FL 33962

Mailing Address
 2294 ROYAL LANE
 NAPLES FL 34112-5323
 US

2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 321 NE Landing Dr
 Suite, Apt. #, etc.

City & State
 City & State: 222's Summit, Mo
 Zip: 64064 Country: Jackson



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
 ROBERTS, WILLIAM B.
 2294 ROYAL LANE
 NAPLES FL 34112

7. Name and Address of New Registered Agent
 Name: BRAD FORD W. ROBERTS
 Street Address (P.O. Box Number is Not Acceptable): 4300 Sunset Blvd.
 City: Naples FL 34112

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 *Bradford W. Roberts* **President** **2-17-00**
 Signature of Bradford W. Roberts (NOTE: Registered Agent signature required when reinstating) DATE

5. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☒ **FILE NOW!!! FEE IS \$150.00**
 (See criteria on back) **After MAY 1, 2000 Fee will be \$550.00**
Make Check Payable to Department of State

10. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**
 Trust Fund Contribution.

| OFFICERS AND DIRECTORS | | | 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | |
|--|---------------------------------|--|--|--|--|
| | <input type="checkbox"/> Delete | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| PSTD ROBERTS, BRADFORD W. 4300 SUNSET BLVD. NAPLES FL | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | |
| ASAT ROBERTS, WILLIAM B. 2294 ROYAL LANE NAPLES FL | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |

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: *William B. Roberts* **(William B. Roberts) Asst Secretary** **2/17/00** **816-478-6351**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)