

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Apr 25, 2001 08:00 AM**
Secretary of State**DOCUMENT # M98990**1. Entity Name
EVERBLADES, INC.**Principal Place of Business**C/O BRAD ROBERTS
4300 SUNSET BLVD
NAPLES
33962

FL

US

Mailing Address

321 NE LANDING DR

LEES SUMMIT

64064

US

MO

2. Principal Place of Business

C/O BRAD ROBERTS

3. Mailing Address

Suite, Apt. #, etc.

133 CRESTVIEW TERRACE

Suite, Apt. #, etc.

City & State

LAKE PLACID

FL

City & State**Zip**

33852

Country

US

Zip**Country****4. FEI Number**

65-0069687

Applied For

Not Applicable

5. Certificate of Status Desired☐**\$8.75** Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered AgentROBERTS BRADFORD W
4300 SUNSET BLVD

NAPLES

34112

US

FL

7. Name and Address of New Registered Agent**Name**

ROBERTS BRADFORD W

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

133 CRESTVIEW TERRACE

City

LAKE PLACID

FL

Zip Code

33852

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)

04/25/2001

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, 2001 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	ASAT	<input type="checkbox"/> Delete
NAME	ROBERTS WILLIAM B.	
STREET ADDRESS	321 NE LANDING DR	
CITY-ST-ZIP	LEES SUMMIT MO 64064	
TITLE	PSTD	<input type="checkbox"/> Delete
NAME	ROBERTS, BRADFORD W.	
STREET ADDRESS	4300 SUNSET BLVD.	
CITY-ST-ZIP	NAPLES FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	PSTD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROBERTS, BRADFORD W.	
STREET ADDRESS	133 CRESTVIEW TERRACE	
CITY-ST-ZIP	LAKE PLACID FL 33852	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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: William B. Roberts

ASAT

04/25/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)