**FILED** 

407 823-0365

Daytime Phone #

## **2001 UNIFORM BUSINESS REPORT (UBR)**

changed, or on an attachm

SIGNATURE:

## Mar 29, 2001 8:00 am Secretary of State DOCUMENT # P00000041974 1. Entity Name EVALUATION AND RESEARCH GROUP, INC. 03-29-2001 90397 017 \*\*\*150.00 Principal Place of Business Mailing Address 1154 CHERRY VALLEY WAY 1154 CHERRY VALLEY WAY ORLANDO FL 32828 ORLANDO FL 32828 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 4. FEI Number 59 364794Z City & State City & State Applied For Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent REYNOLDS, KENNETH M Street Address (P.O. Box Number is Not Acceptable) 1154 CHERRY VALLEY WAY ORLANDO FL 32828 Zip Code City FL 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible -10. .Election.Campaign Financing, - \$5.00 May Be. After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE Change Addition CR2E034 (10/00 TITLE ☐ Delete REYNOLDS, KENNETH M NAME NAME 1154 CHERRY VALLEY WAY STREET ADDRESS STREET ADDRESS CITY-ST-ZIP ORLANDO FL 32828 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition WALTKINS, ROBERT C NAME NAME 1154 CHERRY VALLEY WAY STREET ADDRESS STREET ADDRESS CITY-ST-ZIP ORLANDO FL 32828 CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Delete TITLE □ Change TITLE ☐ Addition NAME NAME STREET ADDRESS 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 the 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 trost is a function of the receiver of trost is a function of the receiver or trost is a function of the receiver or trost is a function of the receiver of trost is a function of the receiver of the receiver of trost is a function of the receiver of trost is a function of the receiver of the receive