

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 21, 2003 8:00 am
Secretary of State

04-21-2003 91174 037 ***150.00

DOCUMENT # P00000053276

1. Entity Name
EVOLUTION WEB, INC.



Principal Place of Business
**30370 OLD DIXIE HWY.. #307
HOMESTEAD FL 33033**

Mailing Address
**30370 OLD DIXIE HWY.. #307
HOMESTEAD FL 33033**

2. Principal Place of Business
51 NORTH KROME AVE
Suite, Apt. #, etc.

3. Mailing Address
< SAME
Suite, Apt. #, etc.

City & State
HOMESTEAD FL

City & State

4. FEI Number **65-1017035**

Applied For
Not Applicable

Zip **33030** Country **MIAMI-DADE**

Zip Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**KRUGER, PAUL C
16275 S.W. 208TH TERRACE
MIAMI FL 33187-4421**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *[Signature]*
Signature, typed or printed name of registered agent and title if applicable.

N/A
(NOTE: Registered Agent signature required when reinstating)

4-19-2003
DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State**

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☐ Delete
NAME **KRUGER, PAUL C**
STREET ADDRESS **16275 SW 208 TERRACE**
CITY-ST-ZIP **MIAMI FL 33187-4421**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **VPM** ☐ Delete
NAME **BONAPARTE, MARK**
STREET ADDRESS **13606 SW 101 LANE**
CITY-ST-ZIP **MIAMI FL 33186**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **S** ☐ Delete
NAME **KELLER, ALICE V**
STREET ADDRESS **1868 OAKLEY**
CITY-ST-ZIP **FORT MYERS FL 33901**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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STREET ADDRESS
CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)