

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000076071

1. Entity Name

EVELINA'S SUPPORT SERVICES, INC.

FILED

Mar 07, 2001 8:00 am
Secretary of State

03-07-2001 90607 021 ***150.00

Principal Place of Business

3083 FLORIDA MANGO ROAD
APARTMENT #6
LAKE WORTH FL 33461

Mailing Address

3083 FLORIDA MANGO ROAD
APARTMENT #6
LAKE WORTH FL 33461

2. Principal Place of Business

~~3083 FLORIDA MANGO ROAD~~
104 Van Gogh Way

3. Mailing Address

PO Box 211453

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Royal Palm Beach FL

City & State

Royal Palm Beach FL

4. FEI Number

651030051

Applied For
Not Applicable

Zip
33411

Country
PB

Zip
33421

Country
PB

5. Certificate of Status Desired

☒ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BESSENT, EVELINA
3083 FLORIDA MANGO ROAD
APARTMENT #6
LAKE WORTH FL 33461

7. Name and Address of New Registered Agent

Name
EVELINA BESSENT

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

104 Van Gogh Way
Royal Palm Beach FL

City

FL

Zip Code

33411

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

Evelina's Support Services Inc. President 1/11/01

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, 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
NAME
STREET ADDRESS
CITY-ST-ZIP
P
BESSENT, EVELINA
3083 FLORIDA MANGO ROAD, APT. #6
LAKE WORTH FL 33461 *New address*

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Bessent, Evelina
104 Van Gogh Way
Royal Palm Beach FL 33411

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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CITY-ST-ZIP
☐ Change ☐ Addition

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

1/11/01

Date

961-753-9858

Daytime Phone #

0317983

CR2E034 (10/00)