

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 15, 2002 8:00 am**  
**Secretary of State**

0396614 AV

03-15-2002 90020 046 \*\*\*150.00

**DOCUMENT # P00000076071**

**1. Entity Name**  
**EVELINA'S SUPPORT SERVICES, INC.**

**Principal Place of Business**

**104 VAN GOGH WAY**  
**ROYAL PALM FL 33411**

**Mailing Address**

**PO BOX 211453**  
**ROYAL PALM BEACH FL 33421**



DO NOT WRITE IN THIS SPACE

**2. Principal Place of Business**

**11440 Okeechobee Blvd.**

**3. Mailing Address**

**PO Box 211453**

Suite, Apt. #, etc.

**Suite 205-B**

Suite, Apt. #, etc.

City & State

**RPB FL**

City & State

**ROYAL PALM BEACH**

**4. FEI Number 65-1030051**

Applied For

Not Applicable

Zip

**33411**

Country

**PP US**

Zip

**33411**

Country

**PAIN BEACH**

**5. Certificate of Status Desired**

☐

**\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**BESSENT, EVELINA**

**104 VAN GOGH WAY**

**ROYAL PALM BEACH FL 33411**

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

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.**

**SIGNATURE**

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, 2002 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** **P** ☐ Delete  
**NAME** **BESSENT, EVELINA**  
**STREET ADDRESS** **104 VAN GOGH WAY**  
**CITY-ST-ZIP** **ROYAL PALM BEACH FL 33411**

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

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**NAME**  
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**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

**TITLE** **PRES** ☐ Change ☐ Addition  
**NAME** **Evelina Besse**  
**STREET ADDRESS** **11440 Okeechobee Blvd Ste. 205-B**  
**CITY-ST-ZIP** **RPB 33411**

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

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

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**TITLE** ☐ Change ☐ 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:** **Evelina Besse** **3/14/02 561-753-9858**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)