

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 05, 2003 8:00 am**  
**Secretary of State**

05-05-2003 90356 010 \*\*\*150.00

**DOCUMENT # P00000076071**

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



Principal Place of Business  
**11440 OKEECHOBEE BLVD.  
SUITE 205-B  
ROYAL PALM BEACH FL 33411  
US**

Mailing Address  
**PO BOX 211453  
ROYAL PALM BEACH FL 33411**



☒ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business  
**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**

Zip  
**33411**

Country  
**US**

Zip  
**33411**

Country  
**US**

4. FEI Number **65-1030051**

Applied For  
Not Applicable

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

SIGNATURE **EVELINA BESSENT, OWNER**  
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  
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

TITLE **P** ☐ Delete  
NAME **BESSENT, EVELINA**  
STREET ADDRESS **11440 OKEECHOBEE BLVD. STE 205-B**  
CITY-ST-ZIP **ROYAL PALM BEACH FL 33411**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
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STREET ADDRESS  
CITY-ST-ZIP

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NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☐ Change ☐ Addition  
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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 RECEIVED EVELINA BESSENT 4/25/2003 5:11 PM 753-9858**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)