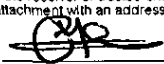


FILED

03 OCT 21 PM 1:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P02000030502			
1. Entity Name EVOLUTIONTEK, INC.			
Principal Place of Business 7800 S. COLONY CIRCLE, #104 TAMARAC, FL 33321		Mailing Address 7813 W. SUNRISE BLVD. PLANTATION, FL 33322	
2. Principal Place of Business 7813 W Sunrise Blvd		3. Mailing Address 7813 W Sunrise Blvd	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Plantation, FL		City & State Plantation, FL	
Zip 33322		Country Florida	
6. Name and Address of Current Registered Agent REYES, CARLOS 7800 S. COLONY CIRCLE SUITE 104 TAMARAC, FL 33321		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 _____ DATE _____ Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent's signature required when installing)			
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$650.00 Amended UBR is \$61.25 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 NAME STREET ADDRESS CITY-ST-ZIP	PDM REYES, CARLOS 7800 S. COLONY CIRCLE, #104 TAMARAC, FL 33321 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Omar Fletcher 7813 W Sunrise Blvd Plantation, FL 33322 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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:  Omar Fletcher		10/17/03 954 554-5225	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Case Daytime Phone #	

CH2E034 (10/02)

7/10/23