

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 07, 2003 8:00 am
Secretary of State

04-07-2003 90860 001 ***150.00
04-07-2003 90860 002 *****8.75

DOCUMENT # P02000044945

1. Entity Name
EAVENSON, INC.



Principal Place of Business
16122 VANDERBILD DR
ODESSA FL 33556

Mailing Address
16122 VANDERBILD DR
ODESSA FL 33556



2. Principal Place of Business

~~16122 Vanderbilt Dr.~~
Suite, Apt. #, etc.
3716 Lockridge Dr.

City & State
Land O' Lakes FL

Zip Country
34639 Pasco

3. Mailing Address

Suite, Apt. #, etc.
3716 Lockridge Dr.

City & State
Land O' Lakes FL

Zip Country
34639 Pasco

☒ CHECK HERE IF MAKING CHANGES

4. FEI Number

33-1001919

Applied For

Not Applicable

5. Certificate of Status Desired

☒ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

EAVENSON, PAIGE
16122 VANDERBILD DR
ODESSA FL 33556

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 Paige Eavenson

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

2/10/03

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 ☐ Delete
NAME D
STREET ADDRESS EAVENSON, CLAY
CITY-ST-ZIP 16122 VANDERBILD DR
ODESSA FL 33556

TITLE ☐ Delete
NAME D
STREET ADDRESS EAVENSON, PAIGE
CITY-ST-ZIP 16122 VANDERBILD DR
ODESSA FL 33556

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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 Pres.
STREET ADDRESS Eavenson, Clay
CITY-ST-ZIP 3716 Lockridge Dr.
Land O' Lakes FL 34639

TITLE ☒ Change ☐ Addition
NAME M.P.
STREET ADDRESS Eavenson, Paige
CITY-ST-ZIP 3716 Lockridge Dr.
Land O' Lakes FL 34639

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

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

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

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: Clay Eavenson Pres. 2/10/03 813-300-2147

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)