

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jan 29, 2003 8:00 am
Secretary of State

01-29-2003 90186 013 ***150.00

DOCUMENT # **P02000048196**

1. Entity Name
NICK EVANS & ASSOCIATES INC.



Principal Place of Business
**702 SAXON PALM COAST
NEW SMYRNA BEACH FL 32169**

Mailing Address
**702 SAXON PALM COAST
NEW SMYRNA BEACH FL 32169**



2. Principal Place of Business
702 SAXON PALM COURT
Suite, Apt. #, etc.

3. Mailing Address
702 SAXON PALM COURT
Suite, Apt. #, etc.

CHECK HERE IF MAKING CHANGES

City & State
NEW SMYRNA BEACH, FL

City & State
NEW SMYRNA BEACH, FL

4. FEI Number Applied For
 Not Applicable

Zip Country
32169 VOLUSIA

Zip Country
32169 VOLUSIA

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**SPIEGEL & UTRERA, P.A.
1840 SW 22ND ST.
4TH FLOOR
MIAMI FL 33145**

**NICHOLAS EVANS
702 SAXON PALM COURT
NEW SMYRNA BEACH, FL 32169**

7. Name and Address of New Registered Agent

Name
~~BUSINESS CONTROL SERVICES INC~~
Street Address (P.O. Box Number is Not Acceptable)
~~425 SOUTH LOGWOOD AVENUE~~
City ~~DAYTONA BEACH~~ FL Zip Code ~~32114~~

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 *Nicholas O. Evans*
Signature, typed or printed name of registered agent and title if applicable.

DATE **1/27/03**
(NOTE: Registered Agent signature required when reinstating)

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PSD	<input type="checkbox"/> Delete
NAME	EVANS, NICHOLAS O	
STREET ADDRESS	702 SAXON PALM COAST	
CITY-ST-ZIP	NEW SMYRNA BEACH FL 32169	
TITLE	TD	<input type="checkbox"/> Delete
NAME	EVANS, CYNTHIA A	
STREET ADDRESS	702 SAXON PALM COAST	
CITY-ST-ZIP	NEW SMYRNA BEACH FL 32169	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: *Nicholas O. Evans* **NICHOLAS O. EVANS** 1/27/03 386-689-5146
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)