

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 90191 017 ***150.00

DOCUMENT # P02000060539

1. Entity Name
EVERYTHING OFFICE, INC.



Principal Place of Business
**2270 CAPTAIN DRIVE
DELTONA FL 32738**

Mailing Address
**P.O. BOX 585
LAKE HELEN FL 32744**



2. Principal Place of Business

1485 COVERED BRIDGE DR.

3. Mailing Address

1485 COVERED BRIDGE DR.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

☒ CHECK HERE IF MAKING CHANGES

City & State
DELAND, FL

City & State
DELAND, FL

4. FEI Number
01-0720655

Applied For
Not Applicable

Zip
32724

Country
USA

Zip
32724

Country
USA

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SMITH, KATHLEEN G
1640 TIMBER EDGE DRIVE
DELAND FL 32724**

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☐ Delete
NAME **SMITH, KATHLEEN G**
STREET ADDRESS **1640 TIMBER EDGE DRIVE**
CITY-ST-ZIP **DELAND FL 32724**

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

TITLE **VP** ☐ Delete
NAME **FIGENSCHER, LYNNE G**
STREET ADDRESS **P.O. BOX 585**
CITY-ST-ZIP **LAKE HELEN FL 32744**

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **1485 COVERED BRIDGE DRIVE**
CITY-ST-ZIP **DELAND, FL 32724**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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:

Lynne G. Figensch
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/31/03

Date

(386) 956 5522

Daytime Phone #

CR2E034 (10/02)