

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

FILED
Jul 25, 2003 8:00 am
Secretary of State

07-25-2003 90096 021 ***150.00

DOCUMENT # PO2000082427

1. Entity Name

Philip Evich PA



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

5860 NW 44th St

3. Mailing Address

Suite, Apt. #, etc.

Same

City & State

Ft Lauderdale FL

33319

Country

Zip

Country

DO NOT WRITE IN THIS SPACE

FEL Number

55-0789083

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

Loguidice JOE, CPA

Street Address (P.O. Box Number is Not Acceptable)

1515 Ridge Wood Ave

Holly Hill

FL

Zip Code

32117

**DO NOT WRITE
IN THIS SPACE**

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 renouncing)

DATE

January 1 - May 1 Fee is \$150.00

After May 1. Fee is \$550.00

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

TITLE: D
NAME: Evich Philip
STREET ADDRESS: 39 Fair Castle Lane
CITY-ST-ZIP: Palm Coast FL 32137

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE: D
NAME: Evich Doris
STREET ADDRESS: 39 Fair Castle Lane
CITY-ST-ZIP: Palm Coast FL 32137

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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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Philip Evich

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/10/03

954-735-3111

Daytime Phone #

Attachment

Division of Corporations
P. O. Box 1500
Tallahassee, Florida 32302-1500

10110476
P02000082427

July 22, 2003

Dear Sir or Madam:

This letter is to inform your office that I never received my UBR form to file it for 2003. I called the Dep of state and they advised me to down lode a blank form. Your office also advised me to send a letter stating I did not receive my form and give the correct mailing address so the form can get to my t office on time next year. Your office said all penalties would be waved. Thank you for your time in concerning this matter.

Sincerely,

PHILP EVICH, PA
5860 N W 44TH STREET #714
LAUDERHILL, FL 33319