

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

FILED
Sep 15, 2003 8:00 am
Secretary of State

09-15-2003 90158 034 ***150.00

DOCUMENT # P02000101066

1. Entity Name

CAC EVERGREEN SERVICES, INC



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
2338 IMMOKALEE RD

3. Mailing Address

DO NOT WRITE IN THIS SPACE

Suite, Apt. #, etc.
333

Suite, Apt. #, etc.

City & State
NAPLES, FL

City & State

4. FEI Number
59-3720613

Applied For
Not Applicable

Zip
34110-1445

Country
USA

Zip

Country

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

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
EDWARDS, DIAN M

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

1852-B 40TH TERRACE SW

City
NAPLES

FL Zip Code
34116

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 re-registering)

09/09/2003

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
NAME
STREET ADDRESS
CITY-ST-ZIP
CARL SPERDUTI (PRESIDENT)
2338 IMMOKALEE RD # 333
NAPLES, FL 34110-1445

TITLE
NAME
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CITY-ST-ZIP

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CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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:

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

239-597-2226

Date

Daytime Phone #

CR200408 (12/02)

Attachment
80148367

ALPHA ACCOUNTING SERVICES, INC
1852-B 40TH TERRACE SW
NAPLES, FL 34116
TEL#239-455-3047 FAX# 239-455-5133

September 9, 2003

To Whom It May Concern:

Division of Corporations
Uniform Business Report filing
P O Box 1500
Tallahassee, FL 32302-1500

Dear Sir/Madam

RE: CAC EVERGREEN SERVICES, INC.-P02000101066

This letter is to notify you that this Corporation did not received a renewal notice of the original form in January 2003. Therefore, we have downloaded a copy of the renewal form from the Internet on behalf of our Client, for submission.

Yours truly,


Dian Edwards
Accountant