

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

FILED
Apr 29, 2002 8:00 am
Secretary of State

04-29-2002 90085 047 ***150.00

DOCUMENT # **P38525**

1. Entity Name

EVERGREEN EQUIPMENT & Personnel LSG.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

ONE ENTERPRISE DR.

3. Mailing Address

ONE ENTERPRISE DR.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

F2B

F2B

City & State

City & State

ALISO VIEJO, CA

ALISO VIEJO, CA

Zip

Country

Zip

Country

92656

US

92656

US

DO NOT WRITE IN THIS SPACE

4. FEI Number

05-0451922

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name **NBAI**

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

526 EAST PARK AVE

City **TALLAHASSEE**

FL

Zip Code **32301**

**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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE **PRESIDENT**
NAME **R. McNamara**
STREET ADDRESS **ONE ENTERPRISE DR.**
CITY - ST - ZIP **ALISO VIEJO, CA 92656**

TITLE **SECRETARY**
NAME **C. CARANCI**
STREET ADDRESS **ONE ENTERPRISE DR.**
CITY - ST - ZIP **ALISO VIEJO, CA 92656**

TITLE **ASST. TREASURER**
NAME **M.C. TSENG**
STREET ADDRESS **ONE ENTERPRISE DR.**
CITY - ST - ZIP **ALISO VIEJO, CA 92656**

TITLE **DIRECTOR**
NAME **R. McNamara**
STREET ADDRESS **ONE ENTERPRISE DR.**
CITY - ST - ZIP **ALISO VIEJO, CA 92656**

TITLE
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CITY - ST - ZIP

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13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(j), 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 11 or on an attachment with an address, with all other like empowered.

SIGNATURE: 

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Min C. TSENG 4/2/02 949-349-6091

Date

Daytime Phone #

CR2E034B (12/01)