## 2001 UNIFORM BUSINESS REPORT (UBR) FILED Feb 06, 2001 8:00 am Secretary of State DOCUMENT # P9400002024 **EVETTS & ASSOCIATES, INC.** 02-06-2001 90286 032 \*\*\*158.75 Principal Place of Business Mailing Address 116 DELEON RD 116 DELEON RD COCOA BCH FL 32931 COCOA BCH FL 32931 3. Mailing Address 2. Principal Place of Business 960 960 Harbor Suite, Apt. #, etc Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0466479 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent **EVETTS, RUTH** 9315 S.W. 83RD STREET MIAMI FL 33173 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME **EVETTS, RUTH** 1960 Harbor Point Drive STREET ADDRESS STREET ADDRESS 116 DELEON RD CITY-ST-ZIP CITY-ST-ZIP COCOA BCH FL 32931 ☐ Delete TITLE TITLE **EVETTS, JAMES BYRON** NAME NAME STREET ADDRESS STREET ADDRESS 116 DELEON RD CITY-ST-7IP CITY-ST-ZIP COCOA BCH FL 32931 ☐ Addition Change Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Defete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change TITLE Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change ☐ Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/1101

321-453-3939