

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 25, 2001 8:00 am
Secretary of State

04-25-2001 90227 001 ***300.00

DOCUMENT # P94000069291

1. Entity Name
EVANS CONCEPTS, INC.

Principal Place of Business Mailing Address
5866 SW 99 LANE **5866 SW 99 LANE**
COOPER CITY FL 33128-3328 **COOPER CITY FL 33128-3328**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number 65-0521293		Applied For
Suite, Apt. #, etc.		Suite, Apt. #, etc.				Not Applicable
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required
Zip 33328	Country	Zip 33328	Country			

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
DENNIS M. CAMPBELL C/O THOMSON, MURARE, RACOOK HART P.A. ONE SOUTHEAST THIRD AVE. MIAMI FL 33131				Name DENNIS M. CAMPBELL			
				Street Address (P.O. Box Number is Not Acceptable) c/o Clarke Silvergate Campbell Williams & Mont gomery			
				City miami FL Zip Code 33131			

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input checked="" type="checkbox"/>	FILE NOW!!! FEE IS \$150.00 After MAY 1, 2001 Fee will be \$550.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE D <input type="checkbox"/> Delete	NAME EVANS, JAMES R	TITLE D <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME EVANS, JAMES R
STREET ADDRESS 17012 NW 66TH CT	CITY-ST-ZIP MIAMI FL 33015	STREET ADDRESS 5866 SW 99 LANE	CITY-ST-ZIP Cooper city FL 33328
TITLE <input type="checkbox"/> Delete	NAME	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME
STREET ADDRESS	CITY-ST-ZIP	STREET ADDRESS	CITY-ST-ZIP
TITLE <input type="checkbox"/> Delete	NAME	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME
STREET ADDRESS	CITY-ST-ZIP	STREET ADDRESS	CITY-ST-ZIP
TITLE <input type="checkbox"/> Delete	NAME	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME
STREET ADDRESS	CITY-ST-ZIP	STREET ADDRESS	CITY-ST-ZIP
TITLE <input type="checkbox"/> Delete	NAME	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME
STREET ADDRESS	CITY-ST-ZIP	STREET ADDRESS	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: James R Evans Date: 4-10-01 Daytime Phone #: (305) 825-0097

CR2E034 (10/00)