2002 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE

Secrétary of State P95000022367 DOCUMENT # 07-08-2002 90235 009 ***150.00 1. Entity Name EVER CHANGING TIMES, INC. Principal Place of Business Mailing Address 60/01305----17855 US HWY 441 17855 US HWY 441 **MOUNT DORA FL 32757** MOUNT DORA FL 32757 US US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 59-3304650 Not Applicable Zio Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent PEREZ. RICARDO Street Address (P.O. Box Number is Not Acceptable) 17855 US HWY 441 #6 **MOUNT DORA FL 32757** City Zip Code tement for the purpose of changing its registered office or registered agent, or both, in the State of Florida 8. The above named entity s SIGNATURE agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. (9/01) TITLE ☐ Delete TITLE Chief Emertice Office ☐ Addition PEREZ. RICARDO NAME NAME 1121 E ALTAMONTE DR STREET ADDRESS STREET ADDRESS ALTAMONTE SPGS FL 32701 City-St-ZIP CITY-ST-7IP President ☐ Deleta TITLE TITLE ☐ Change Addition NAME NAME 17855 US Hay 441 Hr MT, JONA FC 32757 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Scient / Theasing Daddition Adam Mickenbers TITLE Delete TIDE NAME NAME STREET ADDRESS STREET ADDRESS 17855 US Hay 441 de MT DONO, & 32757 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete IIILE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Delete TITLE TITLE Change ☐ Addition 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 a materials.

FILED Jul 08, 2002 8:00 am



Attach ment

FLORIDA DEPARTMENT OF STATE Katherine Harris

Secretary of State

May 30, 2002

EVER CHANGING TIMES, INC. 17855 US HWY 441 6 MOUNT DORA, FL 32757 US

Subject: EVER CHANGING TIMES, INC.

Reference Number:

P95000022367

Please be advised, we have received your annual report/uniform business report; however, the report <u>has not been filed</u> and a copy is being returned for the following correction(s):

The check submitted is not payable to this office. Please make your check payable to the Department of State.

TO AVOID THE \$400.00 LATE FEE, PLEASE RETURN THE CORRECTED REPORT TO: DIVISION OF CORPORATIONS, P.O. BOX 1500, TALLAHASSEE, FLORIDA 32302-1500 WITHIN 30 DAYS OF THE DATE OF THIS LETTER.

