

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000058391

i. Entity Name

EVERGLADES WHEELCOVERS INC.

FILED
Mar 03, 2000 8:00 am
Secretary of State

03-03-2000 90256 026 ***150.00

Principal Place of Business

Mailing Address

NW 8TH ST
 BEACH FL 33426

1010 NW 8TH ST
 BOYNTON BEACH FL 33426-2996

617075



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Same
 Suite, Apt. #, etc.

Same
 Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 65-0595315

Applied For
 Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

IFILL, MARK
 1010 NW 8TH ST
 BOYNTON BEACH FL 33426

Name

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

City

FL

Zip Code

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)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

ii.

OFFICERS AND DIRECTORS

12.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

☐ Change ☐ Addition

☐ Change ☐ Addition

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P
 IFILL, MARK
 1010 NW 8TH ST.
 BOYNTON BEACH FL 33426

☐ Delete

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TITLE
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 STREET ADDRESS
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 CITY-ST-ZIP

Same

CR2E034 (9/99)

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

Date

Daytime Phone #

X 2/8 2000