

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 11, 2001 8:00 am
Secretary of State
 04-11-2001 90016 018 ***150.00

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DOCUMENT # P95000058391

1. Entity Name
EVERGLADES WHEELCOVERS INC.

Principal Place of Business Mailing Address
5401 PALM WAY 5401 PALM WAY
LAKE WORTH FL 33463 LAKE WORTH FL 33463
La Lake Worth

2. Principal Place of Business 3. Mailing Address
Same Same
 Suite, Apt. #, etc. Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State City & State 4. FEI Number 65-0595315 Applied For
Lake Worth, FL Lake Worth, FL Not Applicable
 Zip Country Zip Country 5. Certificate of Status Desired ☐ \$8.75 Additional
33463 33463 Fee Required

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name *Mark Ifill*
 Street Address (P.O. Box Number is Not Acceptable)
5401 Palm Way
 City *Lake Worth* **FL** Zip Code *33463*

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]* *MARK IFILL* *4/15/2001*
 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, 2001 Fee will be \$550.00
Make Check Payable to Department of State

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

11. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
	P			
	IFILL, MARK	1010 NW 8TH ST.	BOYNTON BEACH FL 33426	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
	<i>Mark Ifill</i>	<i>5401 Palm Way</i>	<i>Lake Worth, FL 33463</i>		

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]*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02/15/2001 *561-964-7300*
 Date Daytime Phone #

CR2E034 (10/00)