

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000087687

1. Entity Name

EVIN PRODUCTIONS, INC.

FILED
Jan 24, 2000 8:00 am
Secretary of State

01-24-2000 90029 043 ***150.00

Principal Place of Business

9353 WEST SAMPLE ROAD
SUITE 201
CORAL SPRINGS FL 33065

Mailing Address

9353 WEST SAMPLE ROAD
SUITE 201
CORAL SPRINGS FL 33067-3211

2. Principal Place of Business

6353 NW 39 ST

3. Mailing Address

Same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Coral Springs FL

City & State

Coral Springs FL

4. FEI Number

65-0642518

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

EVANS, CRAIG
9353 WEST SAMPLE ROAD
SUITE 201
CORAL SPRINGS FL 33065

7. Name and Address of New Registered Agent

Name

Susan Evans

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

6353 NW 39 Street

City

Coral Springs

FL

Zip Code

33067

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)

DATE

1/10/2000

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

11. OFFICERS AND DIRECTORS

TITLE ☐ Delete
NAME OVP
STREET ADDRESS EVANS, SUSAN
CITY-ST-ZIP 9353 W. SAMPLE RD. STE. 201
CORAL SPRINGS FL 33065

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
NAME
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/17/2000 9543401626

CD05024 10/000