

FILED
May 21, 2002 8:00 am
Secretary of State

05-21-2002 91148 039 ***150.00

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # **PA7000037502**

1. Entity Name

EVERBLOOM, INC.

666710

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

560 S. Volusia Ave.

Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 44

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Pierson, FL

City & State

Pierson, FL

4. FEI Number

593467097

Applied For

Not Applicable

Zip

32180

Country

USA

Zip

32180

Country

USA

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

William H. McCullough

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

560 S. Volusia Ave.

City

Pierson

FL

Zip Code

32180

**DO NOT WRITE
IN THIS SPACE**

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

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back)

☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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	NAME	STREET ADDRESS	CITY - ST - ZIP
President	William H. McCullough	560 S. Volusia Ave.	Pierson FL 32180
V. President	Albert Bennett	126 W. Spring St.	DeLeon Springs, FL 32130
Sec. / Tr.	Renee H. McCullough	560 S. Volusia Ave.	Pierson, FL 32180
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP
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**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

William H. McCullough
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

William H. McCullough
Date

4-30-02 (386) 749-3400
Daytime Phone #

CR2E034B (12/01)