

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2003 8:00 am
Secretary of State

05-01-2003 90414 003 ***150.00

DOCUMENT # P97000037502

1. Entity Name
EVERBLOOM, INC.



Principal Place of Business
560 S. VOLUSIA AVENUE
PIERSON FL 32180
US

Mailing Address
PO BOX 44
PIERSON FL 32180

2. Principal Place of Business

125 Short St.

3. Mailing Address

Suite, Apt. #, etc.

City & State

Piercion, FL

City & State

4. FEI Number 59-3467097

Applied For

Not Applicable

Zip

32180

Country

U.S.

Zip

Country

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

6. Name and Address of Current Registered Agent

MCCULLOUGH, WILLIAM H
560 S. VOLUSIA AVENUE
PIERSON FL 32180

7. Name and Address of New Registered Agent

Name

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

125 Short St.

City

Piercion

FL

Zip Code

32180

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4-29-03

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD
NAME MCCULLOUGH, WILLIAM H
STREET ADDRESS 560 S. VOLUSIA AVENUE
CITY-ST-ZIP PIERSON FL 32180 ☐ Delete

TITLE VD
NAME BENNETT, ALBERT
STREET ADDRESS 126 W SPRING ST
CITY-ST-ZIP DELEON SPRINGS FL 32130 ☐ Delete

TITLE STD
NAME MCCULLOUGH, RENEE
STREET ADDRESS 560 S. VOLUSIA AVENUE
CITY-ST-ZIP PIERSON FL 32180 ☐ Delete

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. 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

12. 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 10 or Block 11 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

4-29-03

Date

Daytime Phone #

CR2E034 (10/02)