FILED

## **2001 UNIFORM BUSINESS REPORT (UBR)**

SIGNATURE:

## Apr 13, 2001 8:00 am Secretary of State DOCUMENT # P9700040089 **EVELYN & ASSOCIATES. INC.** 04-13-2001 90080 035 \*\*\*150.00 Principal Place of Business Mailing Address 505 SOUTH FLAGLER DRIVE 12788 W FOREST HILL BLVD STE 1002 **SUITE 1100** WELLINGTON FL 33414 WEST PALM BEACH FL 33401 2. Principal Place of Business 3. Mailing Address 10 PONCE DE LEON ST Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4, FEI Number 65-0766357 PUYALDAZM BCH Not Applicable \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent HENRY, THORNTON M Street Address (P.O. Box Number is Not Acceptable) 505 SOUTH FLAGLER DRIVE SUITE 1100 WEST PALM BEACH FL 33401 Zip Code City 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12 11. Change TITLE Delete TITLE NAME EVELYN, KENNETH M NAME 110 PONCE DE LEON ST STREET ADDRESS STREET ADDRESS 12788 W FOREST HILL BLVD CITY-ST-ZIP CITY-ST-ZIP WELLINGTON FL **CT9V** Delete TITLE TITLE NAME EVELYN, SCOTT EDWARD NAME 110 DONCE DE LEON Br STREET ADDRESS STREET ADDRESS 12788 W FOREST HILL BLVD CITY-ST-ZIP CITY-ST-ZIP WELLINGTON FL TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRÉSS CITY-ST-ZIP CITY-ST-7IP Addition ☐ Delete TITLE ☐ Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP 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 of the corporation or the receiver or trustee enflowered to execute his report as changed, or on an attachment with an address, with all other like empowered. signature shall have the same legal effect as if made under oath; that I am an officer or director required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if