Mar 21, 2003 8:00 am & Secretary of State **FILED**

03-21-2003 90119 001 ***150.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR

DOCUMENT #

P97000071666

1. Entity Name EVANS & MILLS, INC.



						GOO WE TE								
Principal Place of Business 1041 SOUTHWEST 30 STREET PALM CITY FL 34991			Mailing Address POST OFFICE BOX 54 PALM CITY FL 34991											
2. Principal P	lace of Busir	ess	3. Mailing Address						H	 	1011 60 111 1 11	BI 11818 BIIIS I		
Suite, Apt.	#, etc.		Suite, Apt. #, etc.] CHECK H	ERE IF N	MAKING (CHANGES		
City & State	e		City & State				4.	FEI Number	65-0775	232		_ 	plied For t Applicable	
Zip Country			Zip Coun			try	5. Certificate of Status Desired S8.75 Add Fee Required					litional		
6. Name and Address of Current Registe				ered Agent			7.	7. Name and Address of New Registered Agent						
	VI IVEIII					Name								
	WYER CHA RIA AVENU						Street Address (P.O. Box Number is Not Acceptable)							
	ABLES FL										•			
							City				FL	Zip Code	Э	
the obligati	ions of regis	y submits this statement fo ered agent. or printed name of registered agent a			_	d Agent signature re				 	DATE		·	
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of \$200.00				<u> </u>			٨٢	Trust	tion Campaig t Fund Contri	bution.		Added	O May Be to Fees	
10.	PVD	OFFICERS AND	DIRECTOR		11.		AL	ט/פאוטודוטע	MANGES TO	OFFICE				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MILLS, LO 1041 SOL	INNIE ITHWEST 3 STREET Y FL 34991		☐ Delete							I	□ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	1041 SOL	OLIVE MARIE JTHWEST 3 STREET Y FL 34991		☐ Delete						· ****** *	-	Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete		1			,]	Change	Addition	
TITLE Name Street address City-St-Zip				☐ Delete		1		-			[Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete							Ī	Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				□ Delete			·= · · · · · · · · · · · · · · · · · ·	•			[Change	☐ Addition	

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:

CKOMING.