2000 UNIFORM BUSINESS REPORT (UBR) Jan 24, 2000 8:00 am DOCUMENT # P97000073409 **Secretary of State** FLORIDA ESTATE MANAGEMENT SERVICES, INC. 01-24-2000 90016 046 ***150.00 Principal Place of Business Mailing Address PALM GATE DR 8045 PALM GATE DR BOYNTON BCH FL 33418-1907 BCH FL 33436 Mailing Address 2. Principal Place of Busine DO NOT WRITE IN THIS SPACE ardens 4. FEI Number Applied For City & State 65-0776320 Not Applicable Country \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent Name and Address of Current Registered Agent EVANS, L P Street Address (P.O. Box Number is Not Acceptable) 8045 PALM GATE DR **BOYNTON BCH FL 33436** purpose of changing its registered office or 8. The above named SIGNATURE typed or printed name of registered agent and title if applicable FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. Change ☐ Addition PTD ☐ Delete TITLE TITLE Drive N. EVANS, LORETTA P NAME STREET ADDRESS STREET ADDRESS 8045 PALM GATE DR CITY-ST-ZIP CITY-ST-ZIP BOYNTON BCH FL 33436 VSD □ Delete TITLE TITLE EVANS, DANIEL J Drive N. NAME STREET ADDRESS 8045 PALM GATE DR STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP **BOYNTON BCH FL 33436** ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7/P ☐ Change Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZiP CITY-ST-ZIP ☐ Addition Delete Change TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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.