

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Feb 27, 2001 8:00 am
Secretary of State

02-27-2001 90324 041 ***150.00

DOCUMENT # P97000073409

1. Entity Name

FLORIDA ESTATE MANAGEMENT SERVICES, INC.

Principal Place of Business

14773 69TH DR N
WEST PALM BEACH FL 33418

Mailing Address

14773 69TH DR N
WEST PALM BEACH FL 33418

2. Principal Place of Business

9121 N. Military Trail
Suite, Apt. #, etc.
204

3. Mailing Address

9121 N. Military Trail
Suite, Apt. #, etc.
204

City & State

Palm Beach Gardens

City & State

Palm Beach Gardens

Zip

33410

Country

Palm Beach

Zip

33410

Country

Palm Beach



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0776320

Applied For

Not Applicable

Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

EVANS, L P
14773 69TH DRIVE N
WEST PALM BEACH FL 33418

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Numbers Not Acceptable)

9121 N. Military Trail
Suite 204

City

Palm Beach Gardens FL

Zip Code

33410

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

Loretta P. Evans, President

Loretta P. EVANS

2-20-01

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) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
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	PTD	<input type="checkbox"/> Delete
NAME	EVANS, LORETTA P	
STREET ADDRESS	8045 PALM GATE DR	
CITY-ST-ZIP	BOYNTON BCH FL 33436	
TITLE	VSD	<input checked="" type="checkbox"/> Delete
NAME	EVANS, DANIEL J	
STREET ADDRESS	8045 PALM GATE DR	
CITY-ST-ZIP	BOYNTON BCH FL 33436	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	9121 N. Military Trail, Suite 204	
STREET ADDRESS	Palm Beach Gardens, FL 33410	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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.

SIGNATURE:

Loretta P. Evans

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2-20-01 561-622-8856

0509677

CR2004 (10/00)