

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000074659

1. Entity Name

EVERGREEN TOWING & SALVAGE, INC.

FILED
Jan 27, 2000 8:00 am
Secretary of State

01-27-2000 90114 050 ***150.00

Principal Place of Business

Mailing Address

3705 MACKEY COVE DR
PENSACOLA FL 32514

3705 MACKEY COVE DR
PENSACOLA FL 32514-8152

2. Principal Place of Business

3. Mailing Address

5698 Berryhill Rd
Suite, Apt. #, etc.

5698 Berryhill Rd
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

City & State

Milton, FL

Milton, FL

4. FEI Number 59-3465768

Applied For

Not Applicable

Zip

Country

32570 USA

Zip

Country

32570 USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BRYAN, GARY W
3705 MACKEY COVE DR
PENSACOLA FL 32514

Name

GARY W. BRYAN

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

5698 Berryhill Rd.

City

Milton

FL

Zip Code

32570

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)

DATE

GARY W. BRYAN

1/24/00

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, 2000 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 ☐ Delete
NAME D
STREET ADDRESS BRYAN, GARY W
CITY-ST-ZIP 3705 MACKEY COVE DR
PENSACOLA FL 32514

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

GARY W. BRYAN

Date

Daytime Phone #

1/24/00 850-429-0092