2002 UNIFORM BUSINESS REPORT (UBR)

May 07, 2002 8:00 am Secretary of State **DOCUMENT #** P97000086931 1. Entity Name 05-07-2002 90135 001 ***450.00 EVOS HOLDINGS, INC. Principal Place of Business Mailing Address 609 S. HOWARD AVE 609 S. HOWARD AVE TAMPA FL 33606 TAMPA FL 33606 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt.#, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-3508967 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent HANEY, R. REID Street Address (P.O. Box Number is Not Acceptable) 101 E. KENNEDY BLVD., STE, 4100 **TAMPA FL 33602** City Zip Code FL 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) 9. This corporation is eligible to satisfy its intangible FILE NOW!!!-FEE IS \$150:00 ----Tax filing requirement and elects to do so. 10. Election Campaign Financing After May 1, 2002 Fee will be \$550.00 \$5.00 May Be (See criteria on back) Trust Fund Contribution. Added to Fees Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE ☐ Addition CRASSAS, ALKIS NAME NAME STREET ADDRESS 609 SOUTH HOWARD AVENUE STREET ADDRESS CITY-ST-ZIP TAMPA FL 33606 CITY-ST-ZIP TITLE **VPST** ☐ Delete TITLE Change ☐ Addition NAME JEFFERS, MICHAEL NAME STREET ADDRESS 609 SOUTH HOWARD AVENUE STREET ADDRESS CITY-ST-ZIP TAMPA FL 33606 CITY-ST-ZIP TITLE **VP** ☐ Delete TITLE ☐ Change ☐ Addition NAME LAMBRIDIS, DINO NAME STREET ADDRESS 609 SOUTH HOWARD AVENUE STREET ADDRESS CITY-ST-ZIP TAMPA FL 33606 CITY-ST-7IP TITLE ☐ Delete TITLE Change □ Addition NAME DIAMOND, DARROUGH NAME STREET ADDRESS 609 SOUTH HOWARD AVENUE STREET ADDRESS CITY-ST-7IP TAMPA FL 33606 CITY-ST-7IP TITLE Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 13. Thereby 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 of 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

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED AME OF SIGNING OFFICER OR DIRECTOR

an address, with all other like empowered

FILED