

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000098927

1. Entity Name

EVOLUTION MARKETING, INC.

FILED

Apr 17, 2000 8:00 am  
Secretary of State

04-17-2000 90105 005 \*\*\*150.00

Principal Place of Business

Mailing Address

4226 BROAD ST.  
BOCA RATON FL 33434

4226 BROAD ST.  
BOCA RATON FL 33434

00000040

2. Principal Place of Business

5287 NW 21 Dia.

Suite, Apt. #, etc.

City & State

Boca Raton FL

Zip

33496

Country

USA

3. Mailing Address

2 Clarendon St.

Suite, Apt. #, etc.

Suite 204

City & State

Boston, MA

Zip

02118

Country

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0796057

Applied For

Not Applicable

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

KATZ, HARVEY A  
9226 BROAD ST.  
BOCA RATON FL 33434

→  
New Address

Name

HARVEY A KATZ

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

5287 NW 21 Dia.

City

Boca, Raton

FL

Zip Code

33496

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

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete  
NAME D  
STREET ADDRESS KATZ, HARVEY A  
CITY-ST-ZIP ~~9226 BROAD ST.~~ 5287 NW 21 Dia.  
BOCA RATON FL ~~33434~~ 33496

TITLE ☐ Change ☒ Addition  
NAME D  
STREET ADDRESS Jackie, Martin  
CITY-ST-ZIP 2 Clarendon St.  
Boston, MA 02118

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
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TITLE ☐ Change ☐ Addition  
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TITLE ☐ Delete  
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TITLE ☐ Change ☐ Addition  
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STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

4-10-00

Date

508 650 1498

Daytime Phone #

CR2E034 (9/99)