

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000003876

1. Entity Name

EVELYN'S FUTNITURE, INC.

FILED
Jul 18, 2000 8:00 am
Secretary of State

07-18-2000 90014 014 ***550.00

Principal Place of Business

1203-A W HWY 50
CLERMONT FL 34711

Mailing Address

1203-A W HWY 50
CLERMONT FL 34711

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3494112

Applied For

Not Applicable

Zip

Country

Zip

Country

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

SHOOBRIDGE, EVELYN
1203-A W HWY 50
CLERMONT FL 34711

Name David L. Keigans

Street Address (P.O. Box Number is Not Acceptable)
1203-A W. Hwy 50

City Clermont

FL

Zip Code 34711

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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 D
NAME SHOOBRIDGE, EVELYN
STREET ADDRESS 240 DIVISION ST
CITY-ST-ZIP CLERMONT FL 34711

TITLE D/P/S/T
NAME David L. Keigans
STREET ADDRESS 521 W. Rosewood Lane
CITY-ST-ZIP Tavares, FL 32778

TITLE V
NAME SCHADE, HELEN
STREET ADDRESS 12883 CALVIN LANE
CITY-ST-ZIP PORT CHARLOTTE FL 33952

TITLE D
NAME Carrie L. Keigans
STREET ADDRESS 2995 Westland Road
CITY-ST-ZIP Mount Dora, FL 32757

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
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)(l), 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

Date

Daytime Phone #

CR2E034 (5/00)