

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000026806

1. Entity Name

EVERHARVEST, INC. ✓

Principal Place of Business

560 S VOLUSIA AVE
PICRSON FL 32180

Mailing Address

POST OFFICE BOX 133
SEVILLE FL 32190-0133

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3558199

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

STORCH, GLENN D
1620 S. GLYDE MORRIS BLVD. STE. 300-
DAYTONA BEACH FL 32119

7. Name and Address of New Registered Agent

Name

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

420 South Nova Road

Daytona Beach

FL

Zip Code
32114

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

TITLE NAME	P. WILSON, JIM	<input checked="" type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP	3391 OCEANSHORE BLVD. FLAGLER BEACH FL 32136	
TITLE NAME	V WILSON, RAYMOND	<input checked="" type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP	POST OFFICE BOX 133 SEVILLE FL 32190-0133	
TITLE NAME	D BENNETT, ALBERT	<input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP	POST OFFICE BOX 1040 DELEON SPRINGS FL 32130	
TITLE NAME	D STORCH, GLENN D	<input checked="" type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP	4220 BOY SCOUT CAMP ROAD NEW SMYRNA BEACH FL 32168	
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME	President, Sec. Treas. Dawn R. Wilson	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP	81 Wedgewood Lane Palm Coast, FL 32164	
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP		
TITLE NAME	Vice Pres. Albert Bennett	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP	P.O. Box 1040 DeLeon Springs, FL 32130	
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/8/00

Date

Daytime Phone #

FILED
Jul 26, 2000 8:00 am
Secretary of State

07-26-2000 90008 030 ***550.00



DO NOT WRITE IN THIS SPACE

CP2E034 (5/00)