2002 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # P98000039333

FILED May 23, 2002 8:00 am Secretary of State

| EVOLUTION | ON KAR1 | S, INC. | | , | | | | 05-23-200 | 02 90097 (| 013 ***1 | 50.00 | |
|--|------------------|----------------------------------|---|---|----------------|-----------------|--|--|------------|-------------------------------|------------|--|
| Principal Place of Business 2120 WEST CENTRAL BLVD. ORLANDO FL 32805 | | | Mailing Address 3838 COMMERCE LOOP ORLANDO FL 32808 | | | | | | | | | |
| , | | | | 1 | | | | | | | | |
| 2. Principal Place of Business | | | | 3. Mailing Address | | | | | | | 0 06 | |
| Suite, Apt. #, etc. | | | Suite, Apt. #, etc. | | | | DO NOT WRITE IN THIS SPACE | | | | | |
| City & State | | | City & State | | | 4. F | 59-3513683 | 3 | | Applied For Not Applicable | | |
| Zip Y | * | Country | | Zip | Coun | try | 5. (| 5. Certificate of Status Desired S8.75 Additional Fee Required | | | | |
| | 6. Name | and Address of Cur | rent Reg | gistered Agent | | | 7. N | 7. Name and Address of New Registered Agent | | | | |
| | | | | | | Name | | | | | | |
| LONDO, MICHAEL J 2120 WEST CENTRAL BLVD. | | | | | Street Address | | | (P.O. Box Number is Not Acceptable) | | | | |
| ORLANDO | FL 32805 | | | | | | | | | | | |
| | | | | | | City | | | FL | Zip Co | de | |
| 8. The above | named entit | y submits this stateme | ent for the | purpose of changing its r | egistere | ed office or | registered age | ent, or both, in the State of F | orida. | _ | | |
| SIGNATURE. | | | | | | | | | | | | |
| | Signature, typed | or printed name of registered | agent and ti | tle if applicable. (NOTE: | Registered | d Agent signati | re required when re | instating) | DATE | | | |
| 9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) | | | | FILE NOW!! After May 1, 200 Make Check Payabl | will be \$5 | 50.00 | 10. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. | | | | | |
| 11. | | OFFICERS A | AND DIR | ECTORS | 12. | | AD | DITIONS/CHANGES TO OF | CERS AND | DIRECTOR | RS IN 11 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | NCHAEL IERCE LOOP FL 32808 | | ☐ Delete | | | | | | ☐ Change | Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | | ☐ Delete | | | | | | ☐ Change | Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <u>-</u> . | | | ☐ Defete | | | <u> </u> | | | Change | ☐ Addition | |

STREET ADDRESS
CHY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CHY-ST-ZIP

TITLE

NAME

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)(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:

TITLE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

1. Entity Name

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

☐ Delete

☐ Delete

4-29-02

Daytime Phone #

CR2E034 (9/01)

☐ Addition

Addition

☐ Change

☐ Change