

**2000 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # P98000068102**

1. Entity Name

**EVERGREEN SALES & SERVICE, INC.****FILED****Feb 29, 2000 8:00 am**  
**Secretary of State**

02-29-2000 90106 033 \*\*\*150.00

Principal Place of Business

Mailing Address

**5307 RAINBOW DRIVE**  
**TEMPLE TERRACE FL 33617****P.O. BOX 20332**  
**TAMPA FL 33622-0332**

2. Principal Place of Business

3. Mailing Address

**108 W. Seneca Avenue**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**Unit #60****City & State**  
**Tampa, FL 33612**

City &amp; State

**Zip**  
**33612****Country**  
**Hillsborough**

Zip

Country

4. FEI Number  
**59-3530845-3730845** *Should be 5*

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****BALDOROSI, RAYMOND F JR**  
**5307 RAINBOW DRIVE**  
**TEMPLE TERRACE FL 33617**Name  
**Raymond F. Baldorossi, Jr.**Street Address (P.O. Box Number is Not Acceptable)  
**108 W. Seneca Avenue, Unit #60**City  
**Tampa****FL** **33612**

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	NAME	STREET ADDRESS	CITY-ST-ZIP	Delete
<b>P</b>	<b>BALDOROSI, RAYMOND F JR.</b>	<b>4219 LA PALMA COURT</b>	<b>TAMPA FL 33611-2343</b>	<input type="checkbox"/>
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Delete
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Delete
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Delete
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Delete
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Delete

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

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: *Raymond F. Baldorossi, Jr.*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

February 9, 2000

Date

813-288-8091

Daytime Phone #

CR2E034 (9/99)