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ALLEN WC

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 91905 011 ***150.00

**2003 FOR PROFIT CORPORATION
 UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P98000068102

1. Entity Name
EVERGREEN SALES & SERVICE, INC.

Principal Place of Business
 3734 131ST AVENUE
 #2
 CLEARWATER, FL 33762 US

Mailing Address
 P.O. BOX 20332
 TAMPA, FL 33622-0332

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number

59-3730845

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
 3734 131ST AVENUE
 #2
 CLEARWATER, FL 33762

Name

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

City

FL

Zip Code

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature must be printed name of registered agent and date of signature.

(NOTE: Registered Agent is required to maintain office within the state)

DATE

9. Election Campaign Financing
 Trust Fund Contribution

☐

\$5.00 May Be Added to Fee

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	NAME	TITLE	NAME
☐ Delete	BALDOROSI, RAYMOND F JR	☐ Change ☐ Addition	
STREET ADDRESS	8019 S 5TH ST	STREET ADDRESS	
CITY-ST-ZIP	TAMPA, FL 33611	CITY-ST-ZIP	
☐ Delete		☐ Change ☐ Addition	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
☐ Delete		☐ Change ☐ Addition	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
☐ Delete		☐ Change ☐ Addition	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
☐ Delete		☐ Change ☐ Addition	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

I, the undersigned, 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 10 or Block 11 if unchanged, or on an attachment with an address, with signature like empowered.

SIGNATURE: *Raymond F. Baldorosi*

5/1/03

727-573-2600

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Office Phone