

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 12, 2000 8:00 am
Secretary of State

09-12-2000 90150 003 ***550.00

DOCUMENT # P98000084806

1. Entity Name
EVANS CONCRETE WORK, INC.

| | |
|--|---|
| Principal Place of Business 745 LINDA LANE MIDDLEBURG FL 32068 | Mailing Address P.O. BOX 822 MIDDLEBURG FL 32050-0822 |
|--|---|



DO NOT WRITE IN THIS SPACE

| | | | | | | | |
|--------------------------------|---------|---------------------|---------|---|--|---------------------------------------|--|
| 2. Principal Place of Business | | 3. Mailing Address | | 4. FEI Number 59-3527375 | | Applied For | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | | Not Applicable | |
| City & State | | City & State | | 5. Certificate of Status Desired <input type="checkbox"/> | | \$8.75 Additional Fee Required | |
| Zip | Country | Zip | Country | | | | |

| | | | | | | | | | | | |
|--|--|--|--|--|--|--|--|-----------|--|----------|--|
| 6. Name and Address of Current Registered Agent | | | | 7. Name and Address of New Registered Agent | | | | | | | |
| EVANS, PATRICIA ANNE 745 LINDA LANE MIDDLEBURG FL 32068 | | | | 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.

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 | V | <input type="checkbox"/> Delete | | TITLE | | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | EVANS, RICKY E | | | NAME | | | |
| STREET ADDRESS | 745 LINDA LANE | | | STREET ADDRESS | | | |
| CITY-ST-ZIP | MIDDLEBURG FL 32068 | | | CITY-ST-ZIP | | | |
| TITLE | | <input type="checkbox"/> Delete | | TITLE | | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | CEOP | | | NAME | | | |
| STREET ADDRESS | EVANS, PATRICIA ANNE | | | STREET ADDRESS | | | |
| CITY-ST-ZIP | 745 LINDA LANE | | | CITY-ST-ZIP | | | |
| CITY-ST-ZIP | MIDDLEBURG FL 32068 | | | | | | |
| TITLE | | <input type="checkbox"/> Delete | | TITLE | | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | | | | NAME | | | |
| STREET ADDRESS | | | | STREET ADDRESS | | | |
| CITY-ST-ZIP | | | | CITY-ST-ZIP | | | |
| TITLE | | <input type="checkbox"/> Delete | | TITLE | | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | | | | NAME | | | |
| STREET ADDRESS | | | | STREET ADDRESS | | | |
| CITY-ST-ZIP | | | | CITY-ST-ZIP | | | |
| TITLE | | <input type="checkbox"/> Delete | | TITLE | | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | | | | NAME | | | |
| STREET ADDRESS | | | | STREET ADDRESS | | | |
| CITY-ST-ZIP | | | | 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: Patricia Anne Evans **Patricia Anne Evans** **Evans** **Evans**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: **9-9-00** Daytime Phone #: **291-7733**

CR2E034 (5/00)