

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 02, 2001 8:00 am
Secretary of State

05-02-2001 90178 002 ***150.00

0335488

DOCUMENT # P98000090170

1. Entity Name

EVERGREEN CAPITAL MANAGEMENT, INC.

Principal Place of Business

17315 LINDA VISTA CIR.
 LUTZ FL 33549

Mailing Address

17315 LINDA VISTA CIR.
 LUTZ FL 33549

2. Principal Place of Business

2917 BAYSHORE CT.

Suite, Apt. #, etc.

3. Mailing Address

2917 BAYSHORE CT.

Suite, Apt. #, etc.

City & State

TAMPA, FL

City & State

TAMPA, FL.

Zip

33611

Country

U.S.A.

Zip

33611

Country

U.S.A.

4. FEI Number

59-3547721

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

KIBBE, RONALD E
 17315 LINDA VISTA CIR.
 LUTZ FL 33549

7. Name and Address of New Registered Agent

Name

DAVID A. FONTES

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

2917 BAYSHORE CT.

City

TAMPA

FL

Zip Code

33611

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

David A. Fontes

DAVID A. FONTES

4/20/01

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, 2001 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

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	KIBBE, RONALD E	
STREET ADDRESS	17315 LINDA VISTA CIR.	
CITY-ST-ZIP	LUTZ FL 33549	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DAVID A. FONTES	
STREET ADDRESS	2917 BAYSHORE CT.	
CITY-ST-ZIP	TAMPA, FL 33611	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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:

David A. Fontes

DAVID A. FONTES

4/20/01

(813) 765-9464

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)