2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

Moiling Addross

P98000090170 **DOCUMENT #**

1. Entity Name

Principal Place of Puninces

EVERGREEN CAPITAL MANAGEMENT, INC.



FILED Apr 17, 2003 8:00 am Secretary of State

04-17-2003 90131 005 ***150.00

2917 BAYSHO TAMPA FL 33	ORE CT	2917 BAYS	SHORE CT				T TO BEHARDO TIÃO CRUBA FORMÍ DRAHA ODJIH BOLIH BOLIH BOLIH				
2. Principal P	Place of Business	3. Mailing A	3. Mailing Address								
Suite, Apt.	#, etc.	Suite, Ap	Suite, Apt. #, etc.				☐ CHECK HERE IF MAKING CHANGES				
City & Stat	e	City & St	City & State			4.	4. FEI Number 59-3547721		Applied For Not Applicable		
Zip	Country Zip			Country مود سو :			Certificate of Status Desired		75 Additional Required		
6. Name and Address of Current Registered Agent					7. Name and Address of New Registered Agent						
				İ	Name						
FONTES, DAVID A			Chroni Address A			/D.O. G					
	SHORE CT					Street Address (P.O. Box Number is Not Acceptable)					
TAMPA FL				ļ							
				-	0:						
					City		F	L Zip (Code	-	
the obligat	ions of registered agent.			gistere	d office or registe	ered ag	ent, or both, in the State of Florida. I ar	n familiar w	ith, and acc	ept	
1000	Signature, typed or printed name of registered age	ent and title if applicable	. (NOTE: Re	egistered	Agent signature requir	ed when re	einstating) DATE				
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State							Election Campaign Financing Trust Fund Contribution.		5.00 May E		
10.	OFFICERS AN	D DIRECTORS		11.		ΑC	DDITIONS/CHANGES TO OFFICERS AN	ND DIRECT	ORS IN 11	่	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FONTES, DAVID A 2917 BAYSHORE CT TAMPA FL 33611		Delete		T ADDRESS ST-ZIP			☐ Chan	ge 🔲 Add	CR2E034 (10/02)	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	7,411,77,72,000,71		☐ Delete	TITLE NAME	T ADDRESS			☐ Chan	ge	CR2	
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12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered. **SIGNATURE:**

(813)765-9464