

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

DOCUMENT # **P98000106304**

FILED

02 JAN 28 AM 9:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
1706 S. NOVA ROAD

3. Mailing Address
1706 S. NOVA ROAD

Amended

Suite, Apt. #, etc.

City & State
DAYTONA BEACH, FL

City & State
DAYTONA BEACH, FL

4. FEI Number
59-3549175

Applied For
Not Applicable

Zip
32119

Country

Zip
32119

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
JOE EVANS

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

1706 S. NOVA ROAD

City
DAYTONA BEACH FL 32119

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) ☐

January 1 - May 1, Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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
NAME
STREET ADDRESS
CITY-ST-ZIP
**PRESIDENT
JOE EVANS
1706 S. NOVA ROAD
DAYTONA BEACH, FL 32119**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**LS
500004883235**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VICE PRESIDENT
JASON EVANS
1706 S. NOVA ROAD
DAYTONA BEACH, FL 32119**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**-02/06/02--01053--001
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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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-18-02 386 304-2737

Date

Daytime Phone #

CR2E034B (12/01)