

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P99000004825**

1. Entity Name

EVH ENTERPRISES, INC.**FILED****Apr 17, 2000 8:00 am**
Secretary of State

04-17-2000 90045 044 ***150.00

Principal Place of Business

Mailing Address

1494 APALACHEE PARKWAY
TALLAHASSEE FL 32301**1494 APALACHEE PARKWAY**
TALLAHASSEE FL 32301-3004**834451**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1494 Apalachee Pkwy
Suite, Apt. #, etc.

3. Mailing Address

1494 Apalachee Pkwy.
Suite, Apt. #, etc.

City & State

Tallahassee FL

City & State

Tallahassee FL

4. FEI Number

59-3571865

Applied For

Not Applicable

Zip

32301

Country

USA

Zip

32301

Country

USA5. 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

SMITH, W. CRIT
3520 THOMASVILLE ROAD 4TH FLOOR
TALLAHASSEE FL 32308

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

Erich Hauser**Smith****4-10-00**

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, 2000 Fee will be \$550.00
Make Check Payable to Department of State10. 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 **D** ☐ Delete
NAME **HAUSER, ERICH**
STREET ADDRESS **1494 APALACHEE PARKWAY**
CITY-ST-ZIP **TALLAHASSEE FL 32301**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ 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:

Erich Hauser

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-10-00

Date

950-456-7400

Daytime Phone #