

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Apr 27, 2001 08:00 AM**
Secretary of State**DOCUMENT # P99000008352**1. Entity Name
EVANS DUCT SERVICES, INC.

Principal Place of Business

17742 1ST STREET EAST

REDINGTON SHORES
33708

FL

Mailing Address

17742 1ST STREET EAST

REDINGTON SHORES
33708

FL

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3554249

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75** Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

PURCELL-EVANS MARY L
17742 1ST STREET EASTREDINGTON SHORES
33708

FL

US

7. Name and Address of New Registered Agent

Name

EVANS MARY L

Street Address (P.O. Box Number is Not Acceptable)
17742 1ST STREET EAST

City

REDINGTON SHORES

FL

Zip Code
33708

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 **MARY L. EVANS****04/27/2001**

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		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	S	<input type="checkbox"/> Delete
NAME	VANDERZAND RON	
STREET ADDRESS	5120 46TH AVENUE	
CITY-ST-ZIP	ST. PETERSBURG FL 33709	
TITLE	D	<input type="checkbox"/> Delete
NAME	EVANS THOMAS A	
STREET ADDRESS	17742 1ST STREET EAST	
CITY-ST-ZIP	REDINGTON SHORES FL 33708	
TITLE	VTD	<input type="checkbox"/> Delete
NAME	PURCELL-EVANS MARY L	
STREET ADDRESS	17742 1ST STREET EAST	
CITY-ST-ZIP	REDINGTON SHORES FL 33708	
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	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	EVANS HANNAH E	
STREET ADDRESS	17742 1ST. ST. E.	
CITY-ST-ZIP	REDINGTON SHORES FL 33708	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EVANS BARBARA	
STREET ADDRESS	5398 SCOTTSVILLE RD	
CITY-ST-ZIP	CHARLOTTESVILLE VA 22902	
TITLE	VM	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EVANS THOMAS A	
STREET ADDRESS	17742 1ST STREET EAST	
CITY-ST-ZIP	REDINGTON SHORES FL 33708	
TITLE	PTD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PURCELL-EVANS MARY L	
STREET ADDRESS	17742 1ST STREET EAST	
CITY-ST-ZIP	REDINGTON SHORES FL 33708	
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: **Barbara Evans**

D

04/27/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)