

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000017285

1. Entity Name

EVOLVING NETWORK SOLUTIONS INC.

FILED
Jul 26, 2000 8:00 am
Secretary of State

07-26-2000 90019 011 ***150.00

Principal Place of Business

930 DELANEY CIRCLE, SUITE 103
BRANDON FL 33511

Mailing Address

930 DELANEY CIRCLE, SUITE 103
BRANDON FL 33511

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3559195

Applied For

Not Applicable

5. 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

BOYD, ROBERT
930 DELANEY CIRCLE, SUITE 103
BRANDON FL 33511

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

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

D
BOYD, ROBERT
930 DELANEY CIRCLE, SUITE 103
BRANDON FL 33511

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

D
Boyd, Robert
621 CEDAR GROVE DR.
BRANDON, FL 33511

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
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CITY-ST-ZIP

☐ Change ☐ Addition

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:

SIGNATURE OF ROBERT BOYD
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-12-00
Date

813-310-1955
Daytime Phone #

DOC# P99000011285

B0103784

July 24, 2000

To Whom it May Concern:

I received a notice from you this month (July 2000) that said second notice and that Evolving Network Solutions, Inc. has to pay an additional \$400 penalty. I am assuming that the first notice never got to me because I moved. Enclosed is a check for \$150 and I would appreciate your understanding in the situation.

Sincerely,



Robert Boyd, Owner
Evolving Network Solutions, Inc.