FILED

## **2001 UNIFORM BUSINESS REPORT (UBR)**

SIGNATURE:

## Feb 26, 2001 8:00 am DOCUMENT # P99000065946 **Secretary of State** 1. Entity Name EVANS. WHITNEY & ASSOCIATES, INC. 02-26-2001 90538 047 \*\*\*150.00 Erin Evans & Associates, Inc. Principal Place of Business Mailing Address 5731 DENVER ST., N.E. 5731 DENVER ST., N.E. ST. PETERSBURG FL 33703 ST. PETERSBURG FL 33703 814654 2. Principal Place of Business 3. Mailing Address 2832 landover 2832 Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City, & State Applied For 4. FEI Number 59-3589829 Clearwater Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired USA Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Erine EVANS. ERIN E Street Address (P.O. Box Number is Not Acceptable) 5731 DENVER ST., N.E. ST. PETERSBURG FL 33703 Zip Code FL 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 : Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible --**10.** Election Campaign Financing \$5:00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. TITLE ☐ Delete TITLE Evans, Erin E EVANS, ERIN E NAME 2832 Landover Dr 5731 DENVER ST., N.E. STREET ADDRESS STREET ADDRESS Cleanwater, Fl 33761 ST. PETERSBURG FL 33703 CITY-ST-ZIP CITY-ST-ZIP Delete TITLE TITLE ☐ Change WHITNEY, DEBORAH A NAME NAME 5731 DENVER ST., N.E. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ST. PETERSBURG FL 33703 Change Addition TITLE Delete TITLE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 appress, with all other like empowered.

GNING OFFICER OR DIRECTOR