

2000 UNIFORM BUSINESS REPORT (UBR)

5/

FILED
Jun 05, 2000 8:00 am
Secretary of State

05-11-2000 90282 029 ***150.00

DOCUMENT # P99000077633

1. Entity Name

EVANS & ASSOCIATES OF TAMPA BAY, INC.

Principal Place of Business C/O CAROL MCATEE 5156 CENTRAL AVE. ST. PETERSBURG FL 33707	Mailing Address C/O CAROL MCATEE 5156 CENTRAL AVE. ST. PETERSBURG FL 33707-1833
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2. Principal Place of Business 17808. Grey Brooke Dr.	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State Tampa, FL	City & State	4. FEI Number 59-3599734	Applied For <input type="checkbox"/> Not Applicable
Zip 33647	Country Hillsborough	Zip	Country



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
MCATEE, CAROL
5156 CENTRAL AVE.
ST. PETERSBURG FL 33707

7. Name and Address of New Registered Agent
 Name
Mr. Richard Evans
 Street Address (P.O. Box Number is Not Acceptable)
17808 Grey Brooke Dr.
 City
Tampa **FL** Zip Code
33647

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 *Richard A. Evans* **RICHARD A. EVANS PRES** **4/28/00**
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 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	PRESIDENT RICHARD A. EVANS 17808 GREY BROOKE DR. TAMPA, FL 33647	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VICE PRESIDENT KATHLEEN D. EVANS 17808 GREY BROOKE DR. TAMPA, FL 33647	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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 *Richard A. Evans* **RICHARD A. EVANS PRES** **4/28/00** **813-887-3882**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #