

# 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

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

Not Applicable

Zip

**33647**

Country

**Hillsborough**

Zip

Country

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

**MCATEE, CAROL**

**5156 CENTRAL AVE.**

**ST. PETERSBURG FL 33707**

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 use if applicable. (NOTE: Registered Agent signature required when renewing) 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

TITLE	<b>PRESIDENT</b> <input type="checkbox"/> Delete
NAME	<b>RICHARD A. EVANS</b>
STREET ADDRESS	<b>17808 GREY BROOKE DR.</b>
CITY-ST-ZIP	<b>TAMPA, FL 33647</b>
TITLE	<b>VICE PRESIDENT</b> <input type="checkbox"/> Delete
NAME	<b>KATHLEEN D. EVANS</b>
STREET ADDRESS	<b>17808 GREY BROOKE DR.</b>
CITY-ST-ZIP	<b>TAMPA, FL 33647</b>
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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	<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	
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	
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

*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 #