

# 2001 UNIFORM BUSINESS REPORT (UBR)

0252325

DOCUMENT # P99000087494

1. Entity Name  
EVONDOR INC.

FILED

01 FEB 23 AM 10:40

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
1460 NW 22ND ST.  
FT. LAUDERDALE FL 33311

Mailing Address  
P.O. BOX 5265  
FT. LAUDERDALE FL 33310



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 36-4334228

Applied For  
Not Applicable

Zip

Country

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

SEATON, DEVON B  
1460 NW 22ND ST.  
FT. LAUDERDALE FL 33311

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 \_\_\_\_\_ DATE \_\_\_\_\_  
(NOTE: Registered Agent signature required when reinstating)

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	HUTCHINSON, CLAUDIUS	
STREET ADDRESS	7491 SW 10 COURT #201	
CITY-ST-ZIP	POMPANO BEACH FL 33068	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	LESTER, DWIGHT	
STREET ADDRESS	7808 WEST PANAMA STREET	
CITY-ST-ZIP	HOLLYWOOD FL 33023	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	DIXON, JEFFREY	
STREET ADDRESS	315 S.W. 61 TERRACE	
CITY-ST-ZIP	POMPANO BEACH FL 33068	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	BENT, IAN	
STREET ADDRESS	6693 SCHOONER TERRACE	
CITY-ST-ZIP	POMPANO BEACH FL 33068	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	LYONS, CHRISTINE	
STREET ADDRESS	1460 NW 22 STREET	
CITY-ST-ZIP	FORT LAUDERDALE FL 33311	
TITLE	<del>SEATON, DEVON</del> PO	<input type="checkbox"/> Delete
NAME	SEATON, DEVON	
STREET ADDRESS	1460 NW 22 ST	
CITY-ST-ZIP	FT. LAUD. FL 33311	

TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	TONYA JONES	
STREET ADDRESS	7813 SW 17 <sup>th</sup> COURT	
CITY-ST-ZIP	NORTH FT LAUDERDALE, FL 33068	
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DEVON B. SEATON 2-14-01

Date

Daytime Phone #

(954) 288-5256

CR2E034 (10/00)