

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000091351

1. Entity Name
EVEREADY CORPORATION

FILED
Jul 19, 2000 8:00 am
Secretary of State

07-19-2000 90006 008 ***555.00

Principal Place of Business

15307 AMBERLY DRIVE #402
TAMPA FL 33647

Mailing Address

15307 AMBERLY DRIVE #402
TAMPA FL 33647

9222 ROCKROSE DR
TAMPA FL 33647

9222 ROCKROSE DR
TAMPA FL 33647

2. Principal Place of Business

9222

3. Mailing Address

9222 ROCKROSE DR

Suite, Apt. #, etc.

ROCKROSE DR

Suite, Apt. #, etc.

TAMPA

City & State

TAMPA FL

City & State

FLORIDA

Zip

33647

Country

Hillbrow

Zip

33647

Country

Hillbrow



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3606848

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

FORD, BUDDY D ESQ.
115 N. MACDILL AVENUE
TAMPA FL 33609

7. Name and Address of New Registered Agent

Name: JAMES G FARR

Street Address (P.O. Box Number is Not Acceptable)

FLETCHER OAKS

SUITE 101

City

TAMPA FL 33612

Zip Code

33612

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)

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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

TITLE	PRESIDENT	<input type="checkbox"/> Delete
NAME	JOHN MUBANG	
STREET ADDRESS	9222 ROCKROSE DR TAMPA	
CITY-ST-ZIP	FL 33647	
TITLE	DR. Temple	<input type="checkbox"/> Delete
NAME	VICE President	
STREET ADDRESS	508 W. MARTIN LUTHER	
CITY-ST-ZIP	KING BLVD TAMPA	
TITLE	FL 33603	<input type="checkbox"/> Delete
NAME	Accountant	
STREET ADDRESS	Ferris Mubang	
CITY-ST-ZIP	9222 ROCKROSE DR	
TITLE	TAMPA FL 33647	<input type="checkbox"/> Delete
NAME	Angeline MUBANG	
STREET ADDRESS	9222 ROCKROSE DR	
CITY-ST-ZIP	TAMPA FL 33647	
TITLE	SECRETARY	<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	N/A	
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #