

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # V46406

1. Entity Name
EVO, INC.

FILED
May 03, 2001 8:00 am
Secretary of State

05-03-2001 90962 043 ***150.00

Principal Place of Business

Mailing Address

10225 ULMERTON RD.
STE 3D
LARGO FL 33771
US

10225 ULMERTON RD.
STE 3D
LARGO FL 33771
US

2. Principal Place of Business

3. Mailing Address

619 E. 2nd St. Ste 3

PO Box 528

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Indian Rocks Bch, FL

City & State

Indian Rocks Bch, FL

Zip

Country

33785- Pinellas

Zip

Country

33785-0528 Pinellas

4. FEI Number 59-3157319

Applied For

Not Applicable

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

BUCHANAN, BRAD T.
619 2ND ST. E.
SUITE 3
INDIAN ROCKS BEACH FL 34635

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

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, 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 PD ☐ Delete
NAME BUCHANAN, BRAD T.
STREET ADDRESS 619 2ND ST. E., SUITE 3
CITY-ST-ZIP INDIAN ROCKS BEACH FL

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE S ☐ Delete
NAME MARKS, HEIDI
STREET ADDRESS 2823 4TH AVENUE NORTH
CITY-ST-ZIP ST PETERSBURG FL

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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TITLE ☐ Change ☐ 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 #

CR2E034 (10/00)