

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L24075

1. Entity Name

EASY ONE COMPUTER CORPORATION

FILED

Apr 24, 2001 8:00 am
Secretary of State

04-24-2001 90304 036 ***150.00

Principal Place of Business

5605 SW 97 TERRACE
COOPER CITY FL 33328
US

Mailing Address

5605 SW 97 TERRACE
COOPER CITY FL 33328
US

00010110



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2911 HIDDEN HOLLOW LN

3. Mailing Address

2911 HIDDEN HOLLOW LN

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
DAVIE FL

City & State
DAVIE FL

4. FEI Number 65-0151686

Applied For
Not Applicable

Zip Country
33328 USA

Zip Country
33328 USA

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

BAUM, ARNOLD
5605 SW 97 TERRACE
COOPER CITY FL 33328

Name
BAUM, ARNOLD

Street Address (P.O. Box Number is Not Acceptable)
2911 HIDDEN HOLLOW LN

City FL Zip Code
DAVIE 33328

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 NAME STREET ADDRESS CITY-ST-ZIP	P BAUM, ARNOLD 5605 S.W. 97 TERRACE COOPER CITY FL	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TS BAUM, ILENE 5605 S.W. 97 TERRACE COOPER CITY FL	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BAUM, ARNOLD 2911 HIDDEN HOLLOW LN DAVIE FL 33328	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TS BAUM, ILENE 2911 HIDDEN HOLLOW LN DAVIE FL 33328	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ 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: ILENE J. BAUM ILENE J. BAUM

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/19/01 (954) 236-2360

Date Daytime Phone #

CR2E034 (10/00)