

**2001 UNIFORM BUSINESS REPORT (UBR)**

2/6

**FILED**  
**Mar 02, 2001 8:00 am**  
**Secretary of State**

02-06-2001 90312 015 \*\*\*150.00

**DOCUMENT # P00000077252**

1. Entity Name  
**E Z SWEEP CORP.**

Principal Place of Business  
**820 FRANKLIN CIRCLE  
 PALM HARBOR FL 34683**

Mailing Address  
**P.O. BOX 476  
 PALM HARBOR FL 34682-0476**



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

**59-3664094**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75 Additional  
 Fee Required**

6. Name and Address of Current Registered Agent

**NICHOLS, TERESA J  
 820 FRANKLIN CIRCLE  
 PALM HARBOR FL 34683**

7. Name and Address of New Registered Agent

Name: **Robert P. Symanski** *Symanski, ME Knight, PA.*  
 Street Address (P.O. Box Number is Not Acceptable):  
**1700 ME Mullen Booth Rd**  
**Suite D4**  
 City: **Clearwater** FL Zip Code: **33759**

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]* **Robert P. Symanski, Symanski, ME Knight PA** 1-30-01  
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

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
PD	NICHOLS, TERESA J	820 FRANKLIN CIRCLE	PALM HARBOR FL 34683	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

CR2E034 (10/00)

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 1,19.07(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]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/5/00 813)361-0647  
Date Daytime Phone #