## 2001 UNIFORM BUSINESS REPORT (UBR) Apr 16, 2001 8:00 am Secretary of State **DOCUMENT # F14428** 1. Entity Name EASI INVESTMENTS, INC. 04-16-2001 90278 034 \*\*\*150.00 Principal Place of Business Mailing Address P O BOX 956 3001 ANNEZ WAY DEBARY FL 32713-7956 DEBARY FL 32713-7956 3. Mailing Address 0 X 530 956 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State Applied For 4. FEI Number \_59-2047852..... = Not Applicable Country \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent SENEZ, ERNEST J Street Address (P.O. Box Number is Not Acceptable) 3001 ANNEZ WAY DEBARY FL 32713 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 (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. ☐ Addition ☐ Delete TITLE TITLE SENEZ, ERNEST J NAME NAME STREET ADDRESS 3001 ANNEZWAY STREET ADDRESS CITY-ST-ZIP DEBARY FL CITY-ST-ZIP Change ☐ Addition ST TITLE ☐ Delete TITLE SENEZ, ANNE E NAME STREET ADDRESS STREET ADDRESS 3001-ANNEZWAY ....-CITY-ST-ZIP CITY-ST-ZIP DEBARY FL ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Defete TITLE ☐ 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.

NAME

STREET ADDRESS

CITY-ST-ZIP

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AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Date