

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED

DOCUMENT # F47355

1. Entity Name

ERIC EASTON INTERNATIONAL, INC.

02 MAY 23 PM 2:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

800 Seagate Drive

3. Mailing Address

Suite, Apt. #, etc.

301

Suite, Apt. #, etc.

City & State

NAPLES, FL

City & State

Zip

34103

Country

USA

Zip

Country

2001-2002 UBR

4. FEI Number

59-2145321

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

PAUL J. EASTON

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

800 SEAGATE Drive

Suite # 301

City

NAPLES

FL

Zip Code

34103

DO NOT WRITE
IN THIS SPACE

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)

☐

January 1 - May 1 Fee is \$150.00

After May 1 Fee is \$550.00

Amended UBR is \$61.25

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

PP
EASTON, IVY MARY
1900 GULF SHORE BLVD N. # 401
NAPLES, FL 34103

TITLE
NAME

STREET ADDRESS
CITY - ST - ZIP

200005971512--6
-06/25/02--01046--010
****150.00 ****150.00

TITLE
NAME

STREET ADDRESS
CITY - ST - ZIP

VP
EASTON, JOHN PAUL
53 HIGH POINT CR. W. # 104
NAPLES, FL 34103

TITLE
NAME

STREET ADDRESS
CITY - ST - ZIP

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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 on an attachment with an address, with all other like empowered

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PAUL EASTON, V.P. / 4/9/02 / 239-262-5251

Date

Daytime Phone #

CR2E034B (12/01)