FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F47355

1. Entity Name

ERIC EASTON INTERNATIONAL, INC.

FILED

02 MAY 23 PM 2: 39

SECRETARY OF STATE TALLAHASSEE. FLORIDA

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2. Principal Place of Business								
Suite. Apt. #, etc. # 301		Suite, Apt. #, etc.				X)4-rwe	E NT IS SE	Z UB
NAPLE		City & State			4. FEI NO	Imber 59-214	15321	Applied For Not Applicable
- 34108	Country	Zip	Coun	itry	5. Certifi	cate of Status Desired	□ \$	8.75 Additional
					7. Name a	nd Address of Curren	t Registered A	gent
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, dan				City 1A0)ie-C		FL	34(63
9 The above	named orbits cubmits this statement for	the purpose of changing it	n rapiotar	ad office or regis	ctuced eacht o	chath in the State of El	neido	J-1103
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 ide if applicable, (NOTE: Registered Agent signature required when reinstating) DATE,								
=9. This corporation is eligible to satisfy its Intangible January 1 May 1 Fee is \$550.00 Tay blica requirement and clocks to do so After May 1 Fee is \$550.00 10. Election Campaign Financing \$5.00 May Be								
	equirement and elects to do so.	Amende	d UBR	5 \$ 61.25	Link	Trust Fund Contribution		\$5.00 May Be Added to Fees
(See criteria on back)								
11.	OFFICERS AND E	DIRECTORS ·		4.5	رائر الم والمراج المراج	The second second second	in the first Fig.	
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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 acting statute of the receiver of the receiv

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PAUL EASTON, V.R / 4

239-262-519