

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F49296

1. Entity Name

EASY MODERN LIVING, INC.

FILED
Mar 13, 2000 8:00 am
Secretary of State

03-13-2000 90026 030 ***150.00

Principal Place of Business

Mailing Address

1005 SOUTH FLORIDA AVE
INVERNESS FL 32650-6862
US

1005 SOUTH FLORIDA AVE
INVERNESS FL 34450-6862
US

2. Principal Place of Business

1003 S. FLORIDA AVE

3. Mailing Address

1003 S. FLORIDA AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 59-2132264

Applied For

Not Applicable

Zip 34450

Country

Zip 34450

Country

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

LOSCIALE, LAWRENCE
1005 SOUTH FLORIDA AVE
INVERNESS FL 32650

Name

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

City

FL

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

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, 2000 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 SD
NAME LOSCIALE, WILLIAM
STREET ADDRESS 6491 MOBILE ST
CITY-ST-ZIP INVERNESS FL ☐ Delete

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE PD
NAME LOSCIALE, LAWRENCE
STREET ADDRESS 5144 ATWOOD TERRACE
CITY-ST-ZIP INVERNESS FL ☐ Delete

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VD
NAME LEONARD, LOSCIALE
STREET ADDRESS 6491 MOBILE ST.
CITY-ST-ZIP INVERNESS FL 34452 ☐ Delete

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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 empowerment.

SIGNATURE: 

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

LAWRENCE LOSCIALE

Date

3/9/00

Daytime Phone #

352-637-1904

CR2E034 (9/99)