## 2000 UNIFORM BUSINESS REPORT (UBR)

## FILED **DOCUMENT # F64852** Apr 05, 2000 8:00 am Secretary of State 1. Entity Name EASY FROG ENTERPRISES, INC. 04-05-2000 90082 007 \*\*\*150.00 Mailing Address Principal Place of Business 11444 - 74TH AVE. N. 11444 - 74TH AVE. N. SEMINOLE FL 33772-5323 SEMINOLE FL 33772 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 59-2157965 Not Applicable Zip Country Zio Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent GORDON, SEYMOUR A Street Address (P.O. Box Number is Not Acceptable) 699 FIRST AVENUE NORTH ST. PETERSBURG FL 33701 Zip Code FL 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) DATE 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, 2000 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 11. OFFICERS AND DIRECTORS 12. Change ☐ Addition ☐ Delete TITLE TITLE GREGG, BARBARA NAME NAME STREET ADDRESS STREET ADDRESS 11444 74TH AVE N CITY-ST-7IP CITY-ST-ZIP SEMINOLE FL 33-7725 Addition TITLE Delete TITLE mas M. GREGO NAME NAME STREET ADDRESS STREET ADDRESS Heretal CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE AND TYPET OF PRINTED YAME OF SIGNING OFFICER OR DIRECTOR

Date

Date

Date

Daytime Phone #

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