

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 04, 2002 8:00 am
Secretary of State

09-04-2002 90087 017 ***150.00

DOCUMENT # F96000005180

1. Entity Name
EASELS BY AMRON INC.

Principal Place of Business
**6601 LYONS RD
 SUITE H-3
 COCONUT CREEK FL 33073
 US**

Mailing Address
**P.O BOX 970330
 COCONUT CREEK FL 33097
 US**

970330



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number 62-1130235		Applied For	
Suite, Apt. #, etc.		Suite, Apt. #, etc.				Not Applicable	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
Zip	Country	Zip	Country				

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
ANGELL, EDYTHE 1736 BRIDGEWOOD DR BOCA RATON FL 33434				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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.

FILE NOW!!! FEE IS \$550.00
After September 13, 2002 Fee will be \$750.00
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	CP	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	ANGELL, ALAN			NAME			
STREET ADDRESS	6601 LYONS RD #H-3			STREET ADDRESS			
CITY-ST-ZIP	COCONUT CREEK FL			CITY-ST-ZIP			
TITLE	ST	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	ANGELL, LISA			NAME			
STREET ADDRESS	6601 LYONS RD #H-3			STREET ADDRESS			
CITY-ST-ZIP	COCONUT CREEK FL			CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				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 empowered.

SIGNATURE: SIGNATURE REQUIRED **8/26/02**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (4/02)

Attestment
Mitchell J. Howard

CERTIFIED PUBLIC ACCOUNTANT

August 26, 2002

Florida Department of Revenue
5050 West Tennessee Street
Tallahassee, FL 32399-0100

Re: Amron Incorporated
Period/Form: 2002, Uniform Business Report
Waiver of Proposed Tax Penalty
Account No.: 62-1130235

Dear Sir or Madam:

I write on behalf of the above referenced taxpayer, specifically to address the 2002 Uniform Business Report late filing penalty of \$400.00.

The taxpayer apparently did not receive the original 2002 UBR form that normally is mailed in the early part of the year.

Additionally, the proposed penalty of \$400 (four-hundred dollars) creates a severe economic hardship to the taxpayer's corporation. A sampling of the taxpayer's payment history will reflect that payment has always been remitted in a timely manner. Based on the above, I respectfully request that you consider waiving the penalty.

Your consideration toward this matter is greatly appreciated. Please issue a closing letter directly to the taxpayer upon your determination.

Very truly yours,

Mitchell J. Howard
Mitchell J. Howard