

2000 UNIFORM BUSINESS REPORT (UBR)

1/28/00-90168-045-\$150.00-\$150.00

DOCUMENT # K61261

1. Entity Name

SURPLUS WHOLESALE BROKERS, INC.

Principal Place of Business

C/O DEWEY P. EASLEY
112 E. TEVER STREET
PLANT CITY FL 33566-2418

Mailing Address

C/O DEWEY P. EASLEY
112 E. TEVER STREET
PLANT CITY FL 33566-2418

2. Principal Place of Business

c/o Donald M. Easley

3. Mailing Address

c/o Donald M. Easley

Suite, Apt. #, etc.

745 N. Wabash Avenue

Suite, Apt. #, etc.

745 N. Wabash Avenue

City & State

Lakeland, FL 33815-1161

City & State

Lakeland, FL

Zip

33815-1161

Country

USA

Zip

33815-1161

Country

USA

4. FEI Number

59-2936855

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

EASLEY, DEWEY P.
112 E. TEVER STREET
PLANT CITY FL 33566

Dewey P. Easley

7. Name and Address of New Registered Agent

Name

Donald M. Easley

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

745 N. Wabash Avenue

City

Lakeland

FL

Zip Code

33815-1161

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

Donald M. Easley

Signature, typed or printed name of registered agent and state if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

3-27-00

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

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

TITLE **D** ☒ Delete
NAME **EASLEY, DEWEY P.**
STREET ADDRESS **4621 VALLEY VIEW DR. E**
CITY-ST-ZIP **LAKELAND FL**

TITLE **ST** ☒ Delete
NAME **EASLEY, SUZANNE C.**
STREET ADDRESS **4621 VALLEY VIEW DR. E**
CITY-ST-ZIP **LAKELAND FL**

TITLE **V** ☐ Delete
NAME **EASLEY, DONALD M.**
STREET ADDRESS **926 EUCLID AVENUE**
CITY-ST-ZIP **LAKELAND FL**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE **President/Treasurer** ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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 empowered.

SIGNATURE:

Donald M. Easley

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-23-2000 (863) 687-3176

Date Daytime Phone #

FILED

00 MAR -31 AM 9:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE