2000 UNIFORM BUSINESS REPORT (UBR) **FILED** May 17, 2000 8:00 am Secretary of State **DOCUMENT # L54868** 1. Entity Name EASY MAIL WEST, INC. 05-17-2000 91080 001 ***450 00 Mailing Address Principal Place of Business % LARRY D. GOOD % LARRY D. GOOD 1717 APALACHEE PARKWAY 1717 APALACHEE PARKWAY 19190 IALLAHASSEE FL 32301 TALLAHASSEE FL 32301-3009 2. Principal Place of Business 3. Mailing Address Apalachee Phy 1699 <u>Apalachec</u> Suite, Apt. #, etc. 1699 DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 59-3002285 Tallahassee Not Applicable Tallahossee \$8.75 Additional 5. Certificate of Status Desired 32301-3009 45 Fee Required 72*301-7009* 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent GOOD, LARRY, D. 1717 APALACHEE PARKWAY TALLAHASSEE FL 32301 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 DATE IOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) П Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12, 11. CR2E034 (9/99) ☐ Addition TITLE ☐ Delete TITLE GOOD, LARRY NAME NAME STREET ADDRESS 5800 OLD FORGE CT. STREET ADDRESS CITY-ST-ZIP TALLAHASSEE FL CITY-ST-ZIP ☐ Addition TITLE ☐ Delete TITLE GOOD, JUDY K. NAME NAME 5800 OLD FORGE CT. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP_ CITY-ST-ZIP TALLAHASSEE FL Addition ☐ Delete TITLE GOOD, BRUCE D NAME NAME 3078 HONOR LANE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TALLAHASSEE FL ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition TITLE ☐ Delete 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

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR