
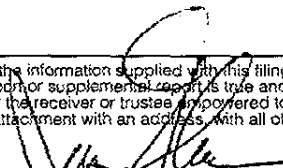


FILED
Apr 08, 2004 08:00 AM
Secretary of State

DOCUMENT # N00000005623																													
1. Entity Name EASY STREET BUSINESS CENTRE PROPERTY OWNERS' ASSOCIATION, INC.																													
Principal Place of Business 2400 SW 21 CIRCLE #300 OCALA, FL 34474			Mailing Address PO BOX 5130 #300 OCALA, FL 34478																										
2. Principal Place of Business			3. Mailing Address																										
Suite, Apt. #, etc.			Suite, Apt. #, etc.																										
City & State			City & State																										
Zip		Country	Zip		Country																								
6. Name and Address of Current Registered Agent GLASSMAN, JEROME 2400 SW 21 CIRCLE #300 OCALA, FL 34474			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code																										
4. FEI Number 59-3681081																													
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required																													
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____																													
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State																									
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10																										
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12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.																													
SIGNATURE:  Sharon Glassman 04/06/2004 (352) 237-1186																													