FROM : ED&JOAN SALZER & TRIANGLE CO PHONE NO. : 19547525999

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FILED
Jun 21, 2001 8:00 am
Secretary of State
05-22-2001 90054 037 ***150.00

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000037458

1. Entity Name
EAS ASSOCIATES, INC. OF JACKSONVILLE

Principal Place of Business	Mailing Address
4149 ST. AUGUSTINE RD. JACKSONVILLE FL 32207-8542	4149 ST. AUGUSTINE RD. JACKSONVILLE FL 32207-8542

[redacted]

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3639088 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ $6.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
SALZER, E.A. 2820 N.W. 115TH TER. CORAL SPRINGS FL 33065	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.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when not changing)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW IF FEE IS $150.00
After MAY 1, 2001 Fee Will Be $450.00
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 D NAME SALZER, EDWARD A JR STREET ADDRESS 2323 LIMBRICK CT. CITY-ST-ZIP MIDDLEBURG FL 32068 ☐ Delete	TITLE NAME STREET ADDRESS 2325 LIMRICK CT CITY-ST-ZIP ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition

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: Edward A. Salzer, Jr President 4/29/01 904 358-7004
Signature of Officer or Director — Printed Name of Officer or Director — Title — Date — Daytime Phone #