## 2003 FOR PROFIT CORPORATION

## **FILED** Mar 31, 2003 8:00 am **UNIFORM BUSINESS REPORT (UBR) Secretary of State** P00000055722 DOCUMENT # 03-31-2003 90312 041 \*\*\*150.00 1. Entity Name EAS INVESTMENTS, INC. Principal Place of Business Mailing Address 9010 SE RIVERFRONT TERR. -0010-SE RIVERPRONT TERR. TEQUESTA FI 33469 TEQUESTA FL 39469 2. Principal Place of Business 3. Mailing Address 340 3'US HWY 340 'S' Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES 607 607 City & State City & State Applied For 4. FEI Number 65-1059187 Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent SASSO, EDWARD A Street Address (P.O. Box Number is Not Acceptable) 340 5' US Huy 1 -8819-SE RIVERERONT-TERR. Jupiter FL 3347 ·TEQUESTA-FL-S3469> City 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. Change -☐ Addition innte - 🤌 ☐ Delete TITLE NAME . SASSO, EDWARD A NAME 340 S USHUY 1 8818 SE RIVERFRONT TERR. STREET ADDRESS STREET ADDRESS TEQUESTA FL 33469 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITI F TITLE Change ☐ Addition Delete \_\_\_\_ NAME NAMÉ STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete Change Addition NAME STREET ADDRESS STREET ADDRESS

12. I hereby certify that the information supplied with this filing does no 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 arri 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 10 or Block 11 if changed, or on an attachment with an ad

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3-28-03 561-818-3972 Date Daytime Phone #

☐ Change

☐ Addition

■ Addition