

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Aug 22, 2003 8:00 am**  
**Secretary of State**

08-22-2003 90108 007 \*\*\*150.00

**DOCUMENT # P00000075525**

1. Entity Name  
**E Z DROP-N PRODUCTS, INC.**



Principal Place of Business  
**3458 WINDY HILL PLACE  
JACKSONVILLE FL 32246**

Mailing Address  
**3458 WINDY HILL PLACE  
JACKSONVILLE FL 32246**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3663216**

Applied For  
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SLEAP, TODD  
3458 WINDY HILL PLACE  
JACKSONVILLE FL 32246**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2003 Fee will be \$550.00  
Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P SLEAP, TODD 3458 WINDY HILL PLACE JACKSONVILLE FL 32246</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 607, 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: **SIGNATURE REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**8-20-03**

Date Daytime Phone #

CR2E034 (10/02)

Attachment

80140094  
#P00000075525

August 20, 2002

Florida Department of State  
Divisions of Corporations  
Tallahassee, Florida 32303

To Whom It May Concern:

Pursuant to our telephone conversation, enclosed please find a copy of the annual report previously sent along with a copy of our Corporation Annual Report. As we discussed we had not received our Corporation report (as you can see it was sent to several places before I received it). I am enclosing my check for \$150.00 to the Florida Department of State. I want to thank you for abating the penalty. If you need further information please do not hesitate to contact me.

Todd E. Sleaf  
EZ Drop -N Products