

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 29, 2001 8:00 am
Secretary of State

05-29-2001 90007 047 ***150.00

DOCUMENT # P00000090985

1. Entity Name
EASY LIVING A.L.F., INC.

660654



DO NOT WRITE IN THIS SPACE

Principal Place of Business Mailing Address
10590 JONATHAN DRIVE 10590 JONATHAN DRIVE
ORLANDO FL 32825 ORLANDO FL 32825

2. Principal Place of Business 3. Mailing Address

3665 S. Orlando Dr. Suite, Apt. #, etc.
486 Suite, Apt. #, etc.

City & State City & State
SANFORD FL City & State

Zip Country Zip Country
32771 U.S. Zip Country

4. FEI Number Applied For
59-3669665 Not Applicable

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

SPIEGEL & UTRERA, P.A.
343 ALMERIA AVENUE
CORAL GABLES FL 33134

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

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

FILE NOW! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
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	PD	<input type="checkbox"/> Delete
NAME	GRAY, ERIC S	
STREET ADDRESS	10590 JONATHAN DRIVE	
CITY-ST-ZIP	ORLANDO FL 32825	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	COLON, RAFAEL M	
STREET ADDRESS	10590 JONATHAN DRIVE	
CITY-ST-ZIP	ORLANDO FL 32825	
TITLE	ST	<input type="checkbox"/> Delete
NAME	CAMPBELL, VIVIAN M	
STREET ADDRESS	10590 JONATHAN DRIVE	
CITY-ST-ZIP	ORLANDO FL 32825	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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NAME		
STREET ADDRESS		
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 changed, or on an attachment with an address, with all other officers empowered

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 24, 01 (407)804-0221
 Date Daytime Phone #

CR2E034 (10/00)