FILED
Jul 25, 2001 8:00 am
Secretary of State
06-22-2001 90219 007 ***158.75

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000099173

1. Entity Name
EASY PERMITS, INC

Principal Place of Business	Mailing Address
8046 APPLEHILL COURT ORLANDO FL 32810	4700 W PROSPECT RD #105 FT LAUDERDALE FL 33309

[redacted]

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
8046 APPLEHILL COURT		4700 W PROSPECT RD	
Suite, Apt. #, etc		Suite, Apt. #, etc. # 105 SUITE	
City & State: ORLANDO FL		City & State: FT LAUDERDALE FL	
Zip: 32810	Country: USA	Zip: 33309	Country: USA

4. FEI Number: 59-3690881 ☐ Applied For ☐ 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
Ronald Engele 8046 Applehill Court Orlando, FL 32810	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 ______________________________
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 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 On/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 NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT Ronald A. Engele 4700 West Prospect Rd Ft lauderdale, FL 33309 ☐ 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
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

CR2E034 (11/00)

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: [signature] RONALD A. ENGELE 6/14/01 954 485 8600
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE DAYTIME PHONE #

Attachment 10292

Doc# P00000[redacted]9173

E-Z Permits, Inc.

4700 West Prospect Road
Suite 105
Ft. Lauderdale, FL 33309

Phone 954 485 8600
Fax 954 485 3995

July 05, 2001

Mrs Katherine Harris
Florida Department of State

Mrs Katherine Harris

Please find attached corrected International Revenue Service identification number for Easy Permits, Inc.

If there are any questions please do not hesitate to call me directly at 954 325 3472

Best Regards,

Ron Engele

Jun-19-01 11:00A V P BARDEN 4076446077 P.01

Attachment 10292

DH P0000995[illegible]

FACSIMILE TRANSMISSION
INTERNAL REVENUE SERVICE
ATLANTA SERVICE CENTER
PO BOX 47-421
TELE-TIN UNIT STOP 751
DORAVILLE, GA 30362

DATE 1-30-01 RECD _____ TIME _____

NAME	FAX NUMBER
RONALD A. ENGELE	407-578-2622

IF YOU HAVE ANY QUESTIONS ABOUT ANY FAX RECEIVED FROM OUR OFFICE PLEASE CALL US AT (678) 530-7234 OR (678) 530-7235.

TOTAL PAGE: 1

COMMENTS: WE HAVE ASSIGNED AN EMPLOYER IDENTIFICATION NUMBER FOR THE ENTITY (IES) SHOWN BELOW. YOU SHOULD RECEIVE WRITTEN NOTIFICATION OF YOUR EMPLOYER IDENTIFICATION NUMBER(s) WITHIN 30 DAYS.

COMPANY NAME: EASY PERMITS, INC.

EMPLOYER IDENTIFICATION NUMBER (EIN): 59-3690881

COMPANY NAME:

EMPLOYER IDENTIFICATION NUMBER (EIN):

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