

2002 UNIFORM BUSINESS REPORT (UBR)

011776 AT

DOCUMENT # P01000056769

1. Entity Name

EAS ENTERPRISES OF FLORIDA, INC.

APPROVED
AND
FILED

02 JUL 18 PM 5:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

265 W. COUNTRY CLUB DR.
WILLISTON FL 32696

Mailing Address

265 W. COUNTRY CLUB DR.
WILLISTON FL 32696

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3722704

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

SHARON C. BRANNAN, CPA PA
161 N. MAIN ST.
WILLISTON FL 32696

7. Name and Address of New Registered Agent

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

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 \$550.00
After September 13, 2002 Fee will be \$750.00
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

TITLE ☐ Delete
NAME D
STREET ADDRESS HUFFMAN, ERIC
CITY-ST-ZIP 265 W. COUNTRY CLUB DR.
WILLISTON FL 32696

TITLE ☐ Delete
NAME D
STREET ADDRESS PACIGA, SHARON
CITY-ST-ZIP 265 W. COUNTRY CLUB DR.
WILLISTON FL 32696

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS 900007113839--1
CITY-ST-ZIP -08/14/02--01067--028
*****150.00 *****150.00

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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 like empowered.

SIGNATURE:

SIGNATURE REQUIRED. Huffman

7/12/02

352-528-5074

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (4/02)

Attention:

Attachment

001000056769

I sent you a check in January
check number 1155 in the amount
of \$150.00. Evidently it was lost
in the mail or lost somewhere
down the line. This is a
replacement check for check
number 1155. I have put a stop
payment on the other check.

Sorry for the inconvenience on
your part and mine.

Cordially yours
Sharon Paciga
Vice President
EAS Enterprises of H.
Inc.