

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 29, 2002 8:00 am**  
**Secretary of State**

05-29-2002 93646 010 \*\*\*150.00

DOCUMENT # P01000060354

1. Entity Name

EZ LIMOS INC.

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

13383 US 19 N

Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 892

Suite, Apt. #, etc.

City & State

Clearwater, FL

City & State

Milton, FL

Zip

33764

Country

Zip

32572

Country

4. FEI Number

59-3724848

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

7. Name and Address of Current Registered Agent

Name

William D Haire

Street Address (P.O. Box Number is Not Acceptable)

227 Meadowlark Ln

City

Clearwater

FL

Zip Code

33759

**DO NOT WRITE  
IN THIS SPACE**

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) ☒

**January 1 - May 1 Fee is \$150.00  
After May 1, Fee is \$550.00  
Amended UBR is \$61.25  
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  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
PRTS  
William G. Ward  
2300 Beach Trail Villas  
Indian Rock Beach, FL 33785

TITLE  
NAME  
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CITY - ST - ZIP

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CR2E034B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: William D Haire William D HAIRE 4/18/02 727-804-5111  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #