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

FILED
May 08, 2002 8:00 am

	JMENT # PO/OC		05-08-2002 90095 012 ***150.00			
Ea	sy Fund of T	allahassee	Inc.			
	DO NOT WRITE	IN THIS SI	PACE			
2. Principal Place of Business 3. Mailing Address 2402 Home Court Suite, Apt. #, etc. 3. Mailing Address 2402 Home Court Suite, Apt. #, etc.				-	DO NOT WRITE IN THIS SPACE	
	ahassee FL	_City & State Tallahass E	e, F	4:	FEI Number 59 - 37469 29	Applied For Not Applicable
^{Zip} 323	SO3 Country S	32303	Country	5.	Certificate of Status Desired	\$8.75 Additional Fee Required
	DO NOT W IN THIS SP		Name	Richard	ame and Address of Current Rogister T. Tucker F Box Number is Not Acceptable) Home Court hassee F	ed Agent Resident
9. This corp Tax filing (See crite	Signature, typed or printed name of registered agent and oriation is eligible to satisfy its Intangible requirement and elects to do so.	January 1 - Ma After May Amended Make Check Payabl	Registered Agent signature by 1 Fee is \$150. l, Fee is \$550.00 UBR is \$61.25	Richar e required when r	anstaing) 10. Election Campaign Financing	\$5.00 May Be Added to Fees
11. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	President, CEO Richard T. Tucker 2402 Home Court Tallahassee, FL	32303	TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME			100 E00 E00 E00 E00 E00 E00 E00 E00 E00
STREET ADDRESS CITY-ST-ZIP TITLE			STREET ADDRESS CITY+ST-ZIP	<u>-</u>		
NAME STREET ADDRESS CITY-ST-ZIP			NAME STREET ADDRESS CITY-ST-ZIP		DO NOT WR	TE
NAME STREET ADORESS CITY - ST - ZIP			TITLE NAME STREET ADDRESS CITY-ST-ZIP	-	IN THIS SPA	CE
TITLE NAME STREET ADDRESS CITY-ST-ZIP			TITLE NAME STREET ADDRESS CITY-ST-ZIP			
NAME STREET ADDRESS CITY-ST-ZIP			TITLE NAME STREET ADDRESS CITY-ST-ZIP			
I hereby ce indicated c of the corp attachment	ertify that the information supplied with the or this report or supplemental report is troporation or the receiver or trustee ampoy I with an address, with all other like empr	is filing does not qualify for the ue and accurate and that my derect to execute this report a dwered.	e exemption stated signature shall have s required by Chap	in Section 1 the same le ter 607, Flori	19.07(3)(i), Florida Statutes. I further cer gal effect as if made under oath; that I a da Statutes; and that my name appears	tily that the information an an officer or director in Block 11 or on an

PED ON PRINTED NAME OF SIGNING OFFICER OR DIRECTOR