

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 24, 2003 8:00 am
Secretary of State

04-24-2003 90256 007 ***150.00

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DOCUMENT # P02000064228

1. Entity Name
E-Z INSTALLERS, INC.



Principal Place of Business
**113 AUSTIN COURT
MARY ESTHER FL 32569**

Mailing Address
**113 AUSTIN COURT
MARY ESTHER FL 32569**



2. Principal Place of Business

8661 BAY RIVER RD.

3. Mailing Address

8661 BAY RIVER RD.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State

NAVARRE, FL.

City & State

NAVARRE, FL.

4. FEI Number

33-1009512

Applied For

Not Applicable

Zip

32566

Country

USA

Zip

32566

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**WEGLINSKI, KRIS
113 AUSTIN COURT
MARY ESTHER FL 32569**

7. Name and Address of New Registered Agent

Name
WEGLINSKI, KRIS

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

8661 BAY RIVER RD.

City

NAVARRE

FL

Zip Code

32566

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]
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

04/20/03

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete
NAME **WEGLINSKI, KRIS**
STREET ADDRESS **113 AUSTIN COURT**
CITY-ST-ZIP **MARY ESTHER FL 32569**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☒ Change ☐ Addition
NAME **WEGLINSKI, KRIS**
STREET ADDRESS **8661 BAY RIVER RD.**
CITY-ST-ZIP **NAVARRE, FL. 32566**

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

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/20/03

Date

850-939-9392

Daytime Phone #

CR2E034 (10/02)