2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000013027



FILED Mar 12, 2003 8:00 am Secretary of State

City & State City & State City & State Country Country Country S. Certificate of Status Desired Se. 7 Se.			03-12-2003 9				EZ, INC.	N & PEREZ	JACKSON
Suite, Apt. #, etc. Suite, Apt. #, etc. CHECK HERE IF MAKING CHAN City & State City & State Country Zip Country S. Certificate of Status Desired \$8.7 E. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name PEREZ, GILDA N Street Address (P.O. 8cx Number is Not Acceptable) City FL Zip	- 			PO BOX 677983 ORLANDO FL 32867			2766 LÓGANDALE DR ORLANDO FL 32817		
City & State Country Country Country Country Country Country S. Certificate of Status Desired Sa. 7. Name and Address of New Registered Agent Name PEREZ, GILDA N 2766 LOGANDALE DR ORLANDO FL 32817 City FL Zi City FL Z					Mailing Address	3. Mai	siness	al Place of Busine	2. Principal
Zip Country Zip Country 5, Certificate of Status Desired S9-326313 Country	☐ CHECK HERE IF MAKING CHANGES				Suite, Apt. #, etc.		Suite, Apt. #, etc.		
Signature Speed or protect name of registered agent and other is \$1.00	Applied For	4. FEI Number 59-3226313 Applied For		4	City & State			City & State	
PEREZ, GILDA N 2766 LOGANDALE DR ORLANDO FL 32817 6. The above named entity submits this statement for the purpose of changing its registered Agent alignature required when reintations) SIGNATURE Symatre. Symill printed name of registered agent. SIGNATURE Symatre. Symill printed name of registered agent and titled applicable. PEREZ, GILDA N 2766 LOGANDALE DR ORLANDO FL 32817 ONTE: Registered Agent alignature required when reintations) After May 1, 2003 Fee will be \$550.00 After May 1, 2003 Fee will be \$550.00	Not Applicable Additional	\$0.75 A		untry	Cip C	Zip	Country		Zip
PEREZ, GILDA N 2766 LOGANDALE DR ORLANDO FL 32817 8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am hamiliar the polypose of changing its registered agent, or both, in the State of Florida. I am hamiliar the polypose of changing its registered agent, or both, in the State of Florida. I am hamiliar the polypose of changing its registered agent, or both, in the State of Florida. I am hamiliar the polypose of changing its registered agent, or both, in the State of Florida. I am hamiliar the polypose of changing its registered agent, or both, in the State of Florida. I am hamiliar the polypose of changing its registered agent, or both, in the State of Florida. I am hamiliar the polypose of changing its registered agent, or both, in the State of Florida. I am hamiliar the polypose of changing its registered agent, or both, in the State of Florida. I am hamiliar the polypose of changing its registered agent, or both, in the State of Florida. I am hamiliar the polypose of changing its registered agent, or both, in the State of Florida. I am hamiliar the polypose of changing its registered agent, or both, in the State of Florida. I am hamiliar the polypose of changing its registered agent, or both, in the State of Florida. I am hamiliar the polypose of changing its registered agent, or both, in the State of Florida. I am hamiliar the polypose of changing its registered agent, or both, in the State of Florida. I am hamiliar the polypose of the po	10		7. Name and Address of New Ro	7	ered Agent	f Current Registere	ne and Address of Ca	6. Name a	
Street Address (P.O. Box Number is Not Acceptable) ORLANDO FL 32817 City City FL Zir 8. The above named entity submits this statement for the purpose of changing its registered affice or registered agent, or both, in the State of Florida. I am familiar the obligations of registered agent. SIGNATURE Signature, typed or printed name of registerid agent and title 4 applicable. (NOTE: Registered Agent algunture required when reinstating) OATE FILE NOW!!! FEE IS \$150,00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS ITILE PD ORLANDO FL 32817 CITY-ST-ZIP ORLANDO FL 32817 CITY-ST-ZIP NAME GOITZ, VICTORIA E STREET ADDRESS S				Name					05053 0
8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar the obligations of registered agent. SIGNATURE Signature. hyperd or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reintesting) After May 1, 2003 Fee will be \$550.00 FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 P. Election Campaign Financing: — Trust Fund Contribution. — Trust Fund Contribution. — PD	P.O. Box Number is Not Acceptable)			Street Address (P.O		R			
8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar the obligations of registered agent. SIGNATURE Signature. Nyed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 14. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 15. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 16. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 17. ADDITIONS/CHANGES TO									
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE	Code	FL Zip Co		City					
TITLE PD Delete D	5.00 May Be	rFinancing \$5.	9. Election Campaign Fina	red Agent signature required whe		0,00	!!! FEE IS \$150,0 003 Fee will be \$55	Signature, typed or FILE_NOW.!!! ter May 1, 2003	Afte
TITLE PD PEREZ, GILDA N STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE SD NAME STREET ADDRESS CITY-ST-ZIP TITLE SD NAME CONGFIELD, JUDY Y STREET ADDRESS	ORS IN 11	OFFICERS AND DIRECTOR	ADDITIONS/CHANGES TO OFFI	. /	TORS 1	RS AND DIRECTOR	3. OFFICERS		10.
NAME STREET ADDRESS S230 SW 89TH PL STREET ADDRESS CITY-ST-ZIP TITLE NAME ONGFIELD, JUDY Y STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS		☐ Change		LE ME REET ADDRESS	M : 5		andale dr	PEREZ, GILD s 2766 LOGAN ORLANDO FI	NAME STREET ADDRESS CITY-ST-ZIP
NAME STREET ADDRESS SAGE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS	ge Addition 8	☐ Change		ME REET ADORESS	S C		89TH PL	GOITZ, VICTO 5230 SW 891 MIAMI FL 33	NAME STREET ADDRESS CITY-ST-ZIP
NAME STREET ADDRESS STREET ADDRESS	ge Addition	☐ Change		ME REET ADDRESS	N S C	<u> </u>	H ST	LONGFIELD, s 839 BEACH S	NAME STREET ADDRESS CITY-ST-ZIP
	ge Addition	☐ Change		ME REET ADDRESS	N S				NAME
TITLE Delete TITLE Cha NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST				1-31-21				5	
TITLE Delete TITLE Character Charact	ge Addition	☐ Change		LE ME EET ADDRESS	N S				CITY-ST-ZIP TITLE NAME STREET ADDRESS

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 receives of 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 attact frient with an address, with all other like empowered. ient wijh an address, with all other like empowered.

SIGNATURE: