

# 2000 UNIFORM BUSINESS REPORT (UBR)

FILED

Sep 18, 2000 8:00 am  
Secretary of State

09-18-2000 90002 002 \*\*\*550.00

DOCUMENT # P95000020989

1. Entity Name  
E.A.S.I., INC.

Principal Place of Business  
240 SW 34 ST  
FT. LAUDERDALE INT'L AIRPORT  
FT. LAUDERDALE FL 33315

Mailing Address  
4250 NE 23 AVE  
LIGHTHOUSE POINT FL 33064

2. Principal Place of Business  
5401 SW 15<sup>th</sup> AVE  
Suite, Apt. #, etc.

3. Mailing Address  
5401 SW 15<sup>th</sup> AVE  
Suite, Apt. #, etc.

City & State  
Ft Lauderdale, FL  
Zip  
33309  
Country  
USA

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Ft Lauderdale, FL  
Zip  
33309  
Country  
USA

4. FEI Number 65-0564183

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

BYROM, RANDY  
4250 NE 23 AVE.  
LIGHTHOUSE POINT FL 33064

## 7. Name and Address of New Registered Agent

Name  
Byrom, Randall C.  
Street Address (P.O. Box Number is Not Acceptable)  
4011 NE 23<sup>rd</sup> AVE  
City  
Lighthouse Point  
FL  
Zip Code  
33064

8. The above named entity submits this statement for the purpose of changing its registered office of registered agent, or both, in the State of Florida.

SIGNATURE Randy Byrom Pres. Byrom, Randall C. Pres. 7-25-00  
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, 2000 Min. 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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
P  
BYROM, RANDALL  
4100 NE 23RD AVE.  
LIGHTHOUSE POINT FL 33064 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
VP  
WILLIAM H. BYRON JR  
4011 N.E. 23 AVE.  
LIGHTHOUSE POINT FL ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

## 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
Pres.  
Byrom, Randall C.  
4011 NE 23<sup>rd</sup> AVE  
Lighthouse Point FL 33064 ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
Secretary  
Byrom, Donald M.  
4011 NE 23<sup>rd</sup> AVE  
Lighthouse Point FL 33064 ☐ Change ☒ Addition

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

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

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

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

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: Randy Byrom Pres. Byrom, Randall C. Pres. 7-25-00 954-359-0300  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (5/00)