

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED****Feb 05, 2001 08:00 AM**  
**Secretary of State****DOCUMENT # P96000065448**1. Entity Name  
EZON PROPERTIES, INC.

## Principal Place of Business

1100 5TH AVE SO  
SUITE 401  
NAPLES FL  
34102 US

## Mailing Address

1100 5TH AVE SOU  
STE #401  
NAPLES FL  
34102 US

## 2. Principal Place of Business

## 3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

## 4. FEI Number

**65-1646751**

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

ITZLER ELLEN RESQ.  
1000 S. FEDERAL HIGHWAY, SUITE 106FORT LAUDERDALE FL  
33316 US

## 7. Name and Address of New Registered Agent

Name

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

City

**FL**

Zip Code

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 \_\_\_\_\_ **02/05/2001**

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 \$150.00**  
**After MAY 1, 2001 Fee will be \$550.00**  
**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

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

TITLE PS ☐ Delete  
NAME TACKETT JACK  
STREET ADDRESS 701 21ST AVE  
CITY-ST-ZIP NAPLES FLTITLE VS ☒ Change ☐ Addition  
NAME TACKETT JACK O  
STREET ADDRESS 701 21ST AVE  
CITY-ST-ZIP NAPLES FL 34102TITLE VP ☐ Delete  
NAME GOMEZ BRUCE  
STREET ADDRESS 1950 GALLEON  
CITY-ST-ZIP NAPLES FLTITLE P ☒ Change ☐ Addition  
NAME GOMEZ BRUCE J  
STREET ADDRESS 746 SPYGLASS LANE  
CITY-ST-ZIP NAPLES FL 34102TITLE VPT ☐ Delete  
NAME GOMEZ BARRY  
STREET ADDRESS 925 SPY GLASS  
CITY-ST-ZIP NAPLES FLTITLE CT ☒ Change ☐ Addition  
NAME GOMEZ BARRY J  
STREET ADDRESS 925 SPYGLASS LANE  
CITY-ST-ZIP NAPLES FL 34102TITLE C ☒ Delete  
NAME GOMEZ JACK  
STREET ADDRESS 1628 GALLEON  
CITY-ST-ZIP NAPLES FLTITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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: JACK O. TACKETT**

VS

**02/05/2001**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)