

2001 UNIFORM BUSINESS REPORT (UBR)

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DOCUMENT # P96000069322

1. Entity Name
EASTON INSURANCE, INC.

FILED 102

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
P.O. BOX 2025
JUPITER FL 33468
1001 ALT. AIA STE 103
JUPITER, FL. 33477

Mailing Address
P.O. BOX 2025
JUPITER FL 33468



2/13/01 00599/019 \$150.00
DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
1001 ALT. AIA
Suite, Apt. #, etc.
SUITE 103
City & State
JUPITER, FL.
Zip
33477
Country
USA

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip
Country

4. FEI Number 65-0689803
Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
EASTON, DOUGLAS R
1420 CYPRESS DR
JUPITER FL 33458

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
1001 ALT. AIA SUITE 103
City JUPITER FL Zip Code 33477

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 *Douglas R. Easton* DOUGLAS R. EASTON ADDRESS CHANGE ONLY 7-31-01
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 12, 2001 Fee will be \$750.00
Make Check Payable to Department of State

10. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

11. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D EASTON, DOUGLAS 1420 CYPRESS DR JUPITER FL 33458	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	1001 ALT. AIA. STE 103 JUPITER, FL. 33477	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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: *Douglas R. Easton* DOUGLAS R. EASTON 7-31-01 1-561-746-1244
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (5/01)

ESTABLISHED 1980
Easton Insurance Inc.
HIGHEST STANDARDS OF PROFESSIONAL SERVICE

SPECIALIZING IN:
• LAWYERS PROFESSIONAL LIABILITY
• MEDICAL MALPRACTICE
• WORKERS COMPENSATION
• SURETY & BONDS
• PROFESSIONAL LIABILITY
• INSURANCE CONSULTING

2082
1001 ALT. A.I.A.
P.O. BOX 2025
JUPITER, FL 33468-2025
PHONE: (561) 746-1244
FAX: (561) 745-1820
DOUGLAS R. EASTON
PRESIDENT

FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
PO BOX 6327
TALLAHASSEE, FL. 32314

7-31-01

TO WHOM IT MAY CONCERN,

PLEASE FIND ENCLOSED COMPLETED UNIFORM BUSINESS REPORT. FOR EASTON INSURANCE INC. IN MY PHONE CONVERSATION TO YOUR OFFICE ON 8-1-01 I WAS INFORMED THAT A REJECTION LETTER WAS SENT TO ME REGARDING THE NAME CHANGE OR REGISTERED AGENT CHANGE REQUESTED BY ME. I DID NOT RECEIVE THAT LETTER REQUESTING ADDITIONAL INFORMATION. IF I WOULD HAVE RECEIVED IT I WOULD HAVE TAKEN CARE OF IT AS THIS BUSINESS IS MY LIVELIHOOD AND VERY IMPORTANT TO ME. I AM SENDING YOU A COPY OF MY CANCELLED CHECK WHICH WAS MAILED WITH MY ORIGINAL UBR AND ASK THAT YOU PLEASE WAIVE THE LATE FEE, AS I DID NOT RECEIVE THE REJECTION LETTER REQUESTING ADDITIONAL INFORMATION -

THANK YOU.

Douglas R. Easton
EASTON INS. INC.