

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 16, 2002 8:00 am**  
**Secretary of State**

04-16-2002 90055 007 \*\*\*158.75

**DOCUMENT # P97000043709**

**1. Entity Name**  
**EASY RUNNING, INC.**

**Principal Place of Business**

**31320 SR 44**  
**PINE LAKES FL**

**Mailing Address**

**34825 MARSHALL ROAD**  
**EUSTIS FL 32736**

**2. Principal Place of Business**

**31326 S.R. 44**

**3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**City & State**  
**Eustis Florida**

**City & State**

**4. FEI Number**

**59-3452964**

**Applied For**

**Not Applicable**

**Zip**  
**32736**

**Country**  
**USA**

**Zip**

**Country**

**5. Certificate of Status Desired**

☒

**\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**TERRY, SQUILLANTE**  
**34825 MARSHALL ROAD**  
**EUSTIS FL 32736**

**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**

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, 2002 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**

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**  
**PT**  
**HARTZELL, JOHN M**  
**37114 SLICE LN**  
**GRAND ISLAND FL 32735**

☐ Delete

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**  
**VS**  
**SQUILLANTE, TERRY A**  
**34825 MARSHALL RD**  
**EUSTIS FL 32736**

☐ Delete

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

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**TITLE**  
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**STREET ADDRESS**  
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**CITY-ST-ZIP**

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**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

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

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**  
**P.T.D**  
**John Hartzell**  
**16206 Beasley Road**  
**Umatilla FL 32784**

☒ Change ☐ Addition

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**  
**VS D**  
**Terry Squillante**  
**34825 Marshall Rd**  
**Eustis FL 32736**

☒ 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:**

**Terry Squillante VP**  
 TERRY SQUILLANTE  
 TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Date**

**Daytime Phone #**

**4/4/02**

**352-589-8848**

CR2E034 (9/01)