2000 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment will

SIGNATURE:

ss, with all other like empowered.

FILED Feb 25, 2000 8:00 am Secretary of State DOCUMENT # P97000047006 1. Entity Name E Z PERMITS, INC. 02-25-2000 90016 016 ***158.75 Principal Place of Business Mailing Address 8046 APPLEHILL CT **8046 APPLEHILL CT** ORLANDO FL 32810-2862 ORLANDO FL 32810 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 59-3457692 Not Applicable Country Country Zip **\$8.75** Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent KONALD ENGELE, RONALD A imber is Not Acceptable) 8046 APPLEHILL CT ORLANDO FL 32810 8. The above named entity statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida FILE NOW!II-FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. ☐ Addition Change TITLE ☐ Delete TITLE ENGELE, RONALD A NAME NAME 8046 APPLEHILL CT STREET ADDRESS STREET ADDRESS CITY-ST-ZIP ORLANDO FL 32810 CITY-ST-ZIP Addition ☐ Delete ☐ Change TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIP []_Change_ Delete Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Delete TITLE Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Horoby cortify that the information supplied with this filling deed not qualify for the exemption stated in Section 119.07(3)(1). 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

2-17-2000