

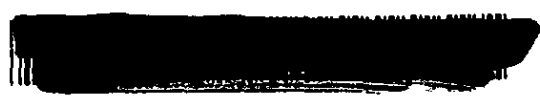
2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **997000260870**
 Entity Name **EASi ACCOUNTING SOLUTIONS, INC**

FILED
May 08, 2000 8:00 am
Secretary of State

05-08-2000 90189 023 ***150.00

Principal Place of Business GOLDEN RD FL 33872		Mailing Address 5918 GOLDEN RD SEBRING FL 33872-6099 US	
Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address 2800, Hacienda Road Suite 111	
City & State ENGLEWOOD		4. FEI Number 65-0774797	
Zip FL 34224		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent WARREN, ALAN 5918 GOLDEN RD SEBRING FL 33872		7. Name and Address of New Registered Agent ALAN WARREN 2800, Hacienda Rd, Suite 111 ENGLEWOOD FL 34224	



DO NOT WRITE IN THIS SPACE

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

1. 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 15, 2000 Fee will be \$550.00
Make Check Payable to Department of State

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

1. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE P	<input type="checkbox"/> Delete WARREN, ALAN 5918 GOLDEN RD SEBRING FL 33872	TITLE ALAN WARREN	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2800, Hacienda Rd, Suite 111 ENGLEWOOD FL 34224
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> Delete	TITLE	<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(2)(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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)