2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # **P97000094991** Apr 25, 2000 8:00 am Secretary of State E-Z MANUFACTURING, INC. 04-25-2000 90090 044 ***150.00 Principal Place of Business Mailing Address 15373 ROOSEVELT BLVD. 15373 ROOSEVELT BLVD. CLEARWATER FL 33760-3507 CLEARWATER FL 33760 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 11-2710139 Not Applicable Country Zip Country Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent MARINO, STEVEN Street Address (P.O. Box Number is Not Acceptable) 15373 ROOSEVELT BLVD. **CLEARWATER FL 33760** Roosevelt BLUD Zip Code 33760 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 (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! 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 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. ☐ Addition Change TITLE Delete TITI F MARINO, STEVEN NAME STREET ADDRESS STREET ADDRESS 15373 ROOSEVELT BLVD. CITY-ST-ZIP CITY-ST-ZIP **CLEARWATER FL 33760** ☐ Change ☐ Addition TITI F STD ☐ Delete NAME MARINO, FRANK NAME STREET ADDRESS STREET ADDRESS 15373 ROOSEVELT BLVD. CITY-ST-ZIP CITY-ST-ZIP **CLEARWATER FL 33760** ☐ Addition Change TITLE TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change □ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change ☐ Defete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change ☐ Addition TITLE Delete NAME NAME STREET ADDRESS STREET ADDRESS

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.

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/15/00

(771) 531-0884

Daytime Phone #