

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 14, 2002 8:00 am
Secretary of State

03-14-2002 90306 016 ***158.75

DOCUMENT # P97000099803

1. Entity Name
EASTON & COMPANY, INC.

Principal Place of Business

3570 S. OCEAN BLVD. 3570 South Ocean Blvd
204
PALM BEACH FL 33480

Mailing Address

200 W. PALMETTO PK RD P.O. Box
#306 3054 Palm
BOCA RATON FL 33432 beach
 Florida 33480

2. Principal Place of Business

3570 South Ocean Blvd.
 Suite, Apt. #, etc.
204

3. Mailing Address

P.O. Box 3054
 Suite, Apt. #, etc.

City & State

Palm Beach Fla
 Zip **33480** Country **USA**

City & State

Palm Beach Fla
 Zip **33480** Country **USA**

4. FEI Number

65-0803202

Applied For

☒ **Not Applicable**

5. Certificate of Status Desired ☒

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

EASTON, KENNETH
3570 S. OCEAN BLVD APT 204
PALM BEACH FL 33480

7. Name and Address of New Registered Agent

Name **Kenneth Easton**
Street Address (P.O. Box Number is Not Acceptable) **3570 South Ocean Blvd**
Apt. 204
City **Palm Beach FL** **Zip Code** **33480**

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 **Kenneth Easton**

Signature, typed or printed name of registered agent and title if applicable.

James Easton

(NOTE: Registered Agent signature required when reinstating)

2/20/02

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 **S** ☐ Delete
NAME **GABRI, HASSAN E**
STREET ADDRESS **3570 S. OCEAN BLVD APT 204**
CITY-ST-ZIP **PALM BEACH FL 33480**

TITLE **D** ☐ Delete
NAME **EASTON, KENNETH**
STREET ADDRESS **555 SOUTH FEDERAL HWY SUITE 400**
CITY-ST-ZIP **BOCA RATON FL 33423**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/20/02 **561 5471673**

CR2E034 (9/01)