

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000099947

1. Entity Name

EASY PAY INSURANCE, INC.

**FILED**  
**Apr 28, 2000 8:00 am**  
**Secretary of State**

04-28-2000 90441 001 \*\*\*450.00

Principal Place of Business

Mailing Address

5200 SOUTH WASHINGTON AVENUE  
TITUSVILLE FL 32780

5200 SOUTH WASHINGTON AVENUE  
TITUSVILLE FL 32780-7316

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 59-3503789

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DOWNING, ROBERT J  
5200 S. WASHINGTON AVENUE  
TITUSVILLE FL 32780

Name  
Ronald W. Anderson

Street Address (P.O. Box Number is Not Acceptable)  
5200-S. Washington Ave.

City Titusville FL Zip Code 32780

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, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE SV ☒ Delete  
NAME DOWNING, ROBERT J  
STREET ADDRESS 5200 SOUTH WASHINGTON AVENUE  
CITY-ST-ZIP TITUSVILLE FL 32780

TITLE S ☐ Change ☒ Addition  
NAME Lillian Clover  
STREET ADDRESS 5200-S. Washington Ave.  
CITY-ST-ZIP Titusville, FL 32780

TITLE V ☐ Delete  
NAME ANDERSON, RONALD W  
STREET ADDRESS 5200 SOUTH WASHINGTON AVENUE  
CITY-ST-ZIP TITUSVILLE FL 32780

TITLE DC ☐ Change ☒ Addition  
NAME James E. Ernst  
STREET ADDRESS 5200-S. Washington Ave.  
CITY-ST-ZIP Titusville, FL 32780

TITLE V ☐ Delete  
NAME SIEBEL, DONNA  
STREET ADDRESS 5200 S WASHINGTON AVE  
CITY-ST-ZIP TITUSVILLE FL 32780

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

TITLE DP ☐ Delete  
NAME SMITH, GARY R  
STREET ADDRESS 5200 SOUTH WASHINGTON AVENUE  
CITY-ST-ZIP TITUSVILLE FL 32780

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

TITLE V ☒ Delete  
NAME HILL, MICHAEL A  
STREET ADDRESS 5200 S. WASHINGTON AVENUE  
CITY-ST-ZIP TITUSVILLE FL 32780

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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 #

CR2E034 (9/99)