

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 12, 2001 8:00 am**  
**Secretary of State**  
 04-12-2001 90665 001 \*1,800.00

**DOCUMENT # P97000099947**

1. Entity Name

**EASY PAY INSURANCE, INC.**

Principal Place of Business

**5200 SOUTH WASHINGTON AVENUE  
 TITUSVILLE FL 32780**

Mailing Address

**5200 SOUTH WASHINGTON AVENUE  
 TITUSVILLE FL 32780**

2. Principal Place of Business

**1555 Semoran Blvd**

3. Mailing Address

**1555 Semoran Blvd**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**Winter Park, FL**

City & State

**Winter Park, FL**

Zip

**32792**

Country

**USA**

Zip

**32792**

Country

**USA**

4. FEI Number

**59-3503789**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
 Fee Required**

6. Name and Address of Current Registered Agent

**ANDERSON, RONALD W  
 5200 S. WASHINGTON AVENUE  
 TITUSVILLE FL 32780**

7. Name and Address of New Registered Agent

Name **Ronald W. Anderson**  
 Street Address (P.O. Box Number is Not Acceptable)  
**1555 Semoran Blvd.**

City **Winter Park, FL** Zip Code **32792**

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 **Ronald W. Anderson**  
 Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**4/4/01**

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, 2001 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	SV	NAME	DOWNING, ROBERT J	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	5200 SOUTH WASHINGTON AVENUE			
CITY-ST-ZIP	TITUSVILLE FL 32780			
TITLE	V	NAME	ANDERSON, RONALD W	<input type="checkbox"/> Delete
STREET ADDRESS	1555 Semoran Blvd			
CITY-ST-ZIP	Winter PK FL 32792			
TITLE	V	NAME	SIEBEL, DONNA	<input type="checkbox"/> Delete
STREET ADDRESS	1555 Semoran Blvd			
CITY-ST-ZIP	Winter PK FL 32792			
TITLE	DP	NAME	SMITH, GARY R	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	5200 SOUTH WASHINGTON AVENUE			
CITY-ST-ZIP	TITUSVILLE FL 32780			
TITLE	V	NAME	HILL, MICHAEL A	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	5200 S. WASHINGTON AVENUE			
CITY-ST-ZIP	TITUSVILLE FL 32780			
TITLE		NAME		<input type="checkbox"/> Delete
STREET ADDRESS				
CITY-ST-ZIP				

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	S	NAME	Lillian Clover	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	1555 Semoran Blvd			
CITY-ST-ZIP	Winter PK FL 32792			
TITLE	C, D, P	NAME	James E. Ernst	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	1555 Semoran Blvd			
CITY-ST-ZIP	Winter PK, FL 32792			
TITLE	AS	NAME	T.J. Falout, III	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	1555 Semoran Blvd			
CITY-ST-ZIP	Winter PK FL 32792			
TITLE		NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS				
CITY-ST-ZIP				
TITLE		NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: **Lillian Clover**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**(321)  
 4/4/01 269-0834**

0055565

CR2E034 (10/00)