

2000 UNIFORM BUSINESS

DOCUMENT # P97000105188

1. Entity Name

EASY R.A.C., INC.

Principal Place of Business

N. COCOA BLVD.
COCOA BEACH FL 32922

Mailing Address

545 GARFIELD AVE
#104
COCOA BEACH FL 32931-4089
US

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

6. Name and Address of Current Registered Agent

PEARSON, MARY E
545 GARFIELD AVENUE, #104
COCOA BEACH FL 32931

Name

MARY PEARSON
Street Address (P.O. Box Number is Not Acceptable)
545 Garfield Av. #104

City

Cocoa Beach

FL

Zip Code
32931

4. FEI Number

59-3489296

Applied For
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

7. Name and Address of New Registered Agent

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

MARY E. PEARSON

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

Mary E. Pearson

(NOTE: Registered Agent signature required when reinstating)

1/2/00
DATE

10. Election Campaign Financing
Trust Fund Contribution.

\$5.00 May Be
Added to Fees

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

Change Add

OFFICERS AND DIRECTORS

P
PEARSON, MARY E
545 GARFIELD AVE #104
COCOA BEACH FL 32931

Delete

V
PEARSON, HENRY J
545 GARFIELD AVE #104
COCOA BEACH FL 32931

Delete

T
MCGAHEY, TERESA M
169 BAHAMA BLVD
COCOA BEACH FL 32931

Delete

S
PEARSON, HENRY J JR
119 W LEON LANE
COCOA BEACH FL 32931

Delete

12.

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

Change Add

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

Change Add

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

Change Add

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

Change Add

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

Change Add

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 12 of this report, changed, or on an attachment with an address, with all other like empowered.

SIGNATURE

MARY E. PEARSON

OF SIGNING OFFICER OR DIRECTOR

1/2/00
Date

321-468-7
Daytime Phone #