

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Jan 23, 2001 08:00 AM**
Secretary of State**DOCUMENT # P97000105369**1. Entity Name
EZON FLORIDA, INC.

Principal Place of Business

1100 5TH AVENUE SOUTH SUITE 401

NAPLES
34102

FL

Mailing Address

1100 5TH AVENUE SOUTH SUITE 401

NAPLES
34102

FL

2. Principal Place of Business

1100 FIFTH AVENUE SOUTH

Suite, Apt. #, etc.
401City & State
NAPLES

FL

Zip
34102Country
US

3. Mailing Address

1100 FIFTH AVENUE SOUTH

Suite, Apt. #, etc.
401City & State
NAPLES

FL

Zip
34102Country
US

4. FEI Number

59-3482125

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

TACKETT JACK
1100 5TH AVENUE SOUTH SUITE 401NAPLES
34102

FL

7. Name and Address of New Registered Agent

Name

TACKETT JACK O

Street Address (P.O. Box Number is Not Acceptable)

1100 FIFTH AVENUE SOUTH

401

City
NAPLES

FL

Zip Code
34102

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 **JACK O. TACKETT**

01/23/2001

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, 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		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete
NAME	GOMEZ BARRY	
STREET ADDRESS	1100 5TH AVENUE SOUTH SUITE 401	
CITY-ST-ZIP	NAPLES FL 34102	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GOMEZ BRUCE J	
STREET ADDRESS	1100 FIFTH AVENUE SOUTH, STE 401	
CITY-ST-ZIP	NAPLES FL 34102	
TITLE	VSTD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	TACKETT JACK O	
STREET ADDRESS	1100 FIFTH AVENUE SOUTH, STE 401	
CITY-ST-ZIP	NAPLES FL 34102	
TITLE	PVD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GOMEZ BARRY J	
STREET ADDRESS	1100 5TH AVENUE SOUTH SUITE 401	
CITY-ST-ZIP	NAPLES FL 34102	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: **JACK O. TACKETT**

VSTD

01/23/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)