

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000009213

1. Entity Name

EZ-RES CORPORATION

FILED
May 07, 2000 8:00 am
Secretary of State

05-07-2000 90010 024 ***158.75

Principal Place of Business

Mailing Address

1170 JENNIE RIDGE TRL
KISSIMMEE FL 34747
US

200 E. ROBINSON STREET STE. 500
ORLANDO FL 32801-1956



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1170 Jennie Ridge TRL

3. Mailing Address

1170 Jennie Ridge TRL

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Kissimmee, FL

City & State

Kissimmee, FL

4. FEI Number

59-3491015

Applied For

Not Applicable

Zip

34747

Country

USA

Zip

34747

Country

USA

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

FLORIDA CORPORATE SUPPORT, INC.
200 E. ROBINSON STREET STE. 500
ORLANDO FL 32801

Name

Linda Bungert

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

1170 Jennie Ridge TRL

City

Kiss.

FL

Zip Code

34747

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

Linda L. Bungert

4-25-00

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 VD
NAME BUNBERT, DENNIS P
STREET ADDRESS 1170 JENNY RIDGE TRAIL
CITY-ST-ZIP KISSIMMEE FL 34747 ☐ Delete

TITLE VD
NAME PURCELL, STEVE
STREET ADDRESS 1309 MOLINE STREET
CITY-ST-ZIP STOUGHTON WI 53589 ☒ Delete

TITLE ST
NAME BUNBERT, LINDA
STREET ADDRESS 1170 JENNY RIDGE TRAIL
CITY-ST-ZIP KISSIMMEE FL 34747 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
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CITY-ST-ZIP ☐ Change ☐ Addition

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

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:

Dennis P. Bungert
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-21-00

Date

407-396-1570

Daytime Phone #

CR2E034 (9/99)