

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000046487

1. Entity Name

KORESTON GROUP, INC.

FILED
Apr 25, 2000 8:00 am
Secretary of State

04-25-2000 90146 049 ***150.00

Principal Place of Business

7505 N LAKE BLVD STE 1020
ALTAMONTE SPRINGS FL 32701

Mailing Address

7505 N LAKE BLVD STE 1020
ALTAMONTE SPRINGS FL 32701

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 **59-3512794**

Applied For
Not Applicable

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

EASTON, ROBERT W
320 GREEN ASH LN
SANFORD FL 32771

Name **EASTON, ROBERT W.**

Street Address (P.O. Box Number is Not Acceptable)
1461 FARRINDON CIR.

City **HEATHROW** **FL** Zip Code **32746**

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 **ROBERT W. EASTON** *R.W. Easton* **4/18/00**
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	D	<input type="checkbox"/> Delete
NAME	EASTON, ROBERT W	
STREET ADDRESS	717 SECRET HARBOR LN #213	
CITY-ST-ZIP	LAKE MARY FL 32746	
TITLE	D	<input type="checkbox"/> Delete
NAME	EASTON, URSULA	
STREET ADDRESS	717 SECRET HARBOR LN #213	
CITY-ST-ZIP	LAKE MARY FL 32746	
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		

TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EASTON, ROBERT W.	
STREET ADDRESS	1461 FARRINDON CIR.	
CITY-ST-ZIP	HEATHROW, FL 32746	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EASTON, URSULA	
STREET ADDRESS	1461 FARRINDON CIR.	
CITY-ST-ZIP	HEATHROW FL 32746	
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: **URSULA EASTON** *URSULA EASTON* **4/18/00** **(407) 339-2311**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)