

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000041956

1. Entity Name

EASY STREET INTERNATIONAL MARKETING, INC.

**FILED**  
**Apr 05, 2000 8:00 am**  
**Secretary of State**

04-05-2000 90080 032 \*\*\*150.00

Principal Place of Business	Mailing Address
3501 WEST VINE STREET SUITE 200 KISSIMMEE FL 34741	3501 WEST VINE STREET SUITE 200 KISSIMMEE FL 34741-4672

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State	City & State
Zip	Country



DO NOT WRITE IN THIS SPACE

4. FEI	Applied For
59-3576008	Not Applicable
5. Certificate of Status Desired	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MOORE, MICHAEL L ESQ.  
5458 HOFFNER AVENUE  
SUITE 303  
ORLANDO FL 32812

7. Name and Address of New Registered Agent

Name

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

City

FL Zip Code

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 \_\_\_\_\_ (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	
TITLE	President <input type="checkbox"/> Delete
NAME	Billy Ray Whitman
STREET ADDRESS	628 Drew Ave
CITY-ST-ZIP	Clermont FL 34711
TITLE	Vice President <input type="checkbox"/> Delete
NAME	Danny Glaze
STREET ADDRESS	2660 North OBT #13
CITY-ST-ZIP	Kissimmee FL 34744
TITLE	Secretary <input checked="" type="checkbox"/> Delete
NAME	Robert Robbins
STREET ADDRESS	120 N. Orange Ave Ste B.
CITY-ST-ZIP	Orlando FL 32801
TITLE	Treasurer <input type="checkbox"/> Delete
NAME	Cheryl A. Wigton
STREET ADDRESS	3438 S. Semoran #360
CITY-ST-ZIP	Orlando FL 32822
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	P <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Billy Ray Whitman
STREET ADDRESS	628 Drew Ave
CITY-ST-ZIP	Clermont FL 34711
TITLE	VP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Danny Glaze
STREET ADDRESS	2660 North OBT #13
CITY-ST-ZIP	Kissimmee FL 34744
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Cheryl A. Wigton
STREET ADDRESS	3438 S. Semoran #360
CITY-ST-ZIP	Orlando FL 32822
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 507, 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: Billy Ray Whitman (President) 4-1-00 (407) 3431310

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 19/99