

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000041960

1. Entity Name

EASY STREET U.S.A., INC.

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

04-05-2000 90080 035 \*\*\*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	Zip	Country



DO NOT WRITE IN THIS SPACE

4. FEI Number <b>59-3574762</b>		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
MOORE, MICHAEL L ESQ. 5458 HOFFNER AVENUE SUITE 303 ORLANDO FL 32812	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) <input checked="" type="checkbox"/>	<b>FILE NOW!!! FEE IS \$150.00</b> <b>After MAY 1, 2000 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	President <input type="checkbox"/> Delete	TITLE	P. Billy Ray Whitman <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Billy Ray Whitman	NAME	Billy Ray Whitman
STREET ADDRESS	628 Drew Ave	STREET ADDRESS	628 Drew Ave
CITY-ST-ZIP	Cleemont FL 34711	CITY-ST-ZIP	Cleemont FL 34711
TITLE	Vice President <input type="checkbox"/> Delete	TITLE	Vice President <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Danny Glaze	NAME	Danny Glaze
STREET ADDRESS	2660 North OBT #13	STREET ADDRESS	2660 North OBT #13
CITY-ST-ZIP	Kissimmee FL 34744	CITY-ST-ZIP	Kissimmee FL 34744
TITLE	Secretary <input checked="" type="checkbox"/> Delete	TITLE	Cheey! A. Winton <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Robert Robbins	NAME	Cheey! A. Winton
STREET ADDRESS	120 N. Orange Ave Ste B	STREET ADDRESS	3936 S. Semoran #360
CITY-ST-ZIP	Orlando FL 32801	CITY-ST-ZIP	Orlando FL 32822
TITLE	Treasurer <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Cheey! A. Winton	NAME	
STREET ADDRESS	3936 S. Semoran #360	STREET ADDRESS	
CITY-ST-ZIP	Orlando FL 32822	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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: Billy Ray Whitman (President) 4/1/00 (407) 343-1310  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)