2000 UNIFORM BUSINESS REPORT (UBR) FILED Sep 12, 2000 8:00 am Secretary of State DOCUMENT # P99000073285 EASY LIFE SERVICES, INC. 9-12-2000 90240 022 \*\*\*150 00 Principal Place of Business Mailing Address 126 PINE ISLAND CIRCLE 126 PINE ISLAND CIRCLE KISSIMMEE FL 34743 KISSIMMEE FL 34743 A0077025 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State City & State Not Applicable Zip Country \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent MUNEVAR, MONICA Street Address (P.O. Box Number is Not Acceptable) 126 PINE ISLAND CIRCLE KISSIMMEE FL 34743 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 DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$550.00. 9. This corporation is eligible to satisfy its intangible 10. Election Campaign Financing \$5.00 May Be After SEPTEMBER 13, 2000 Min. will be \$750.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) П Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE D Change ☐ Addition Delete TITLE NAME MUNEVAR, MONICA NAME STREET ADDRESS 126 PINE ISLAND CIRCLE STREET ADDRESS CITY-ST-ZIP KISSIMMEE FL 34743 CITY-ST-7IP Addition ☐ Delete ☐ Change TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition TITLE -Delete NAME STREET ADDRESS STREET ADDRESS CITY - ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Change Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7/P Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP C/TY-ST-7IP 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:** 

odlachart 132 5 AOD 70 25

FLORIDA DEPARTMENT OF STATE

Katherine Harris Secretary of State

August 14, 2000

EASY LIFE SERVICES, INC. 126 PINE ISLAND CIRCLE KISSIMMEE, FL 34743

SUBJECT: EASY LIFE SERVICES, INC.

Ref. Number: P99000073285

Please be advised, we have received your annual report/uniform business report for the above corporation; however, the report <u>has not been filed</u> and a copy is being returned for the following:

You must list your Federal Employer Identification Number in the appropriate block. If applied for, enter "applied for", or if not applicable, enter "N/A".

This office cannot waive or reduce the late fees based on the contents of your letter. Only those corporations who did not receive notice to file will be allowed to do so without penalty.

I did not receive notice to file will be allowed to

The fee to file the profit annual report/uniform business report is \$150.00 plus \$400.00 late fee for a total of \$550.00. If a certificate of status is desired, please add an additional \$8.75.

After the corrections have been made, please return the report to: Division of Corporations, Annual Report/Uniform Business Report Section, P.O. Box 6327, Tallahassee, Florida 32314 within 30 days from the date of this letter.

If you have any questions concerning the filing of your document, please call (850) 487-6059.

Stacy Prather Document Specialist

Letter Number: 500A00043654

tofile thankyou monica Miner

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