

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 06, 2002 8:00 am
Secretary of State

0652983 AV

DOCUMENT # P99000073285

1. Entity Name
EASY LIFE SERVICES, INC.

03-06-2002 90036 001 ***150.00

Principal Place of Business
3501 WEST VINE STREET
SUITE 300 322A
KISSIMMEE FL 34741

Mailing Address
3501 WEST VINE STREET
SUITE 300 322A
KISSIMMEE FL 34741

507100



2. Principal Place of Business
3501 West Vine Street

3. Mailing Address
3501 West Vine Street

Suite-Apt. #, etc.
322A

Suite-Apt. #, etc.
322A

DO NOT WRITE IN THIS SPACE

City & State
Kissimmee FL

City & State
Kissimmee FL

4. FEI Number
59-3593311

Applied For
 Not Applicable

Zip
34743

Country
Oscoda

Zip
34743

Country
Oscoda

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

MUNEVAR, MONICA
126 PINE ISLAND CIRCLE
KISSIMMEE FL 34743

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, 2002 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 ☐ Delete
D
 NAME **MUNEVAR, MONICA**
 STREET ADDRESS **126 PINE ISLAND CIRCLE**
 CITY-ST-ZIP **KISSIMMEE FL 34743**

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

TITLE ☐ Delete
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TITLE ☐ Change ☐ 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: Monica Munevar

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)