

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000093924

1. Entity Name

SHOPEASY, INC.

FILED
Mar 14, 2000 8:00 am
Secretary of State

03-14-2000 90015 042 ***150.00

Principal Place of Business

Mailing Address

~~5701 N. PINE ISLAND ROAD~~
~~SUITE 240~~
~~FT. LAUDERDALE FL 33321~~

~~5701 N. PINE ISLAND ROAD~~
~~SUITE 240~~
~~FT. LAUDERDALE FL 33321-4401~~

2. Principal Place of Business

3. Mailing Address

3511 W Commercial Blvd
Suite, Apt. #, etc.
1st Floor

3511 W Commercial Blvd
Suite, Apt. #, etc.
1st Floor

City & State
Ft. Lauderdale, FL

City & State
Ft. Lauderdale, FL

Zip
33309

Country
USA

4. FEL Number
65-0961650

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

ARNEL, TIM
5701 N. PINE ISLAND ROAD
SUITE 240
FT. LAUDERDALE FL 33321

Name
Tim Arnel
Street Address (P.O. Box Number is Not Acceptable)
5220 Whisper Drive
City
Coral Springs, FL
Zip Code
33067

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 Tim Arnel DATE 3/8/00
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

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 | ARNEL, TIM | |
| STREET ADDRESS | 5701 N. PINE ISLAND ROAD, SUITE 240 | |
| CITY-ST-ZIP | FT. LAUDERDALE FL 33321 | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | WADE, KELLY | |
| STREET ADDRESS | 5701 N. PINE ISLAND ROAD, SUITE 240 | |
| CITY-ST-ZIP | FT. LAUDERDALE FL 33321 | |
| 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 | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

| | |
|----------------|---|
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | 5220 Whisper Drive |
| CITY-ST-ZIP | Coral Springs, FL 33067 |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | 5220 Whisper Drive |
| CITY-ST-ZIP | Coral Springs, FL 33067 |
| 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: Tim Arnel DATE 954-726-9898
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/99)