

2000 UNIFORM BUSINESS REPORT (UBR)

pg 1 of 2

DOCUMENT # P99000104868

1. Entity Name
EASY LIVIN ENTERPRISES, INC

FILED
00 JUL 17 PM 3:54
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
9411 AUGER AVENUE
PORT ST. JOE FL 32456

Mailing Address
P.O. BOX 297
PORT ST. JOE FL 32456



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
9411 AUGER AVENUE
Suite, Apt. #, etc.

3. Mailing Address
P.O. Box 297
Suite, Apt. #, etc.

City & State
PORT ST JOE FL

City & State
PORT ST JOE, FL

Zip
32456

Country
USA

Zip
32456

Country
USA

4. FEI Number
59-3610072

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
GLASS, RUDOLPH H
9411 AUGER AVENUE
PORT ST. JOE FL 32456

7. Name and Address of New Registered Agent
Name
JEAN GLASS
Street Address (P.O. Box Number is Not Acceptable)
9411 AUGER AVENUE
City
PORT ST JOE FL Zip Code
32456

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
JEAN GLASS
NOTE: Registered Agent signature required when reinstating

DATE
7/10/00

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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 NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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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: JEAN GLASS (JEAN GLASS) 7/10/00 (850) 47-3117

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #

CR2E034 (5/00)



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**AmeriSpec Home
Inspection Service**
P.O. Box 297
Port St. Joe, FL 32456
Office: 850/647-3117
Fax: 850/647-3117
Toll Free: 888/511-3268

*Each office independently
owned and operated.*

July 10, 2000

Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Dear Sir or Madam;

This is my second attempt to pay the \$150.00 to you for the Uniform Business Report. I mailed you a check in May. I just called my bank and that check has not cleared. The bank felt that this was possibly lost in the mail system.

Again, I am sending you a check for \$150.00 for my fee. Please let me know if this is acceptable.
Thanking you in advance for your help.

Best regards,

A handwritten signature in cursive script that reads "Jean Glass".

Jean Glass
Secretary/Treasurer



Call 1-800-WE SERVE

ServiceMaster • Terminix • Merry Maids
TruGreen-ChemLawn • American Home Shield