

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P990009104868

1. Entity Name
EASY LIVIN ENTERPRISES, INC.

FILED

00 AUG 10 AM 9:12

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**

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

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

DO NOT WRITE IN THIS SPACE

City & State
PORT ST JOE, FL
Zip
32456
Country
USA

City & State
PORT ST JOE, FL
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

JEAN GLASS
9411 AUGER AVENUE
PORT ST JOE, FL 32456

7. Name and Address of New Registered Agent

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 **JEAN GLASS, Pres**

M. Jean Glass

8/7/00

Signature, typed or printed name of registered agent and title if applicable

(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, 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

TITLE	PRESIDENT	<input checked="" type="checkbox"/> Delete
NAME	RUDOLPH H. GLASS	
STREET ADDRESS	9411 AUGER AVENUE	
CITY-ST-ZIP	PORT ST JOE, FL 32456	
TITLE	VP	<input type="checkbox"/> Delete
NAME	JEAN GLASS	
STREET ADDRESS	9411 AUGER AVE	
CITY-ST-ZIP	PORT ST JOE, FL 32456	
TITLE	S AND T	<input type="checkbox"/> Delete
NAME	JEAN GLASS	
STREET ADDRESS	9411 AUGER AVE	
CITY-ST-ZIP	PORT ST JOE, FL 32456	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	M. JEAN GLASS	
STREET ADDRESS	9411 AUGER AVENUE	
CITY-ST-ZIP	PORT ST JOE, FL 32456	
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: **M. Jean Glass**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/7/00

Date

(850)647-3117

Daytime Phone #

CR2E034 (9/99)