

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # S18391

1. Entity Name
THE EASOM CORPORATION

R

FILED
Aug 04, 2000 8:00 am
Secretary of State

08-04-2000 90002 017 ***150.00

Principal Place of Business
1805 QUINCE DRIVE
TALLAHASSEE FL 32308

Mailing Address
1805 QUINCE DRIVE
TALLAHASSEE FL 32308

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 59-3041274

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

EASOM, GREGORY R.
1805 QUINCE DRIVE
TALLAHASSEE FL 32308

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

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 \$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
D
EASOM, GREGORY R.
1805 QUINCE DRIVE
TALLAHASSEE FL 32308 ☐ Delete

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

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Delete

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

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Gregory R. Eason

7/31/00

Date

Daytime Phone #

CR2E034 (5/00)

attachment 518391

30104263

**THE EASOM CORPORATION
1805 QUINCE DRIVE
TALLAHASSEE, FLORIDA 32308-5237**

July 31, 2000

Florida Department of State
Division of Corporations
Post Office Box 6327
Tallahassee, Florida 32314

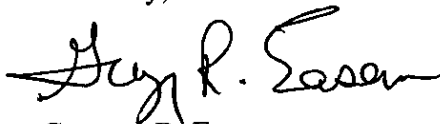
RE: Delinquent 2000 Uniform Business Report

Dear Sirs:

I, Gregory R. Easom, President and sole stockholder, hereby state that I did not receive the first notice for the above report. I have been incorporated since 1991 and have filed the report and paid the fee timely.

I request that you waive the \$400 penalty and accept my check for \$150 as payment in full and reinstate the corporation.

Sincerely,

A handwritten signature in black ink, appearing to read "Gregory R. Easom", written in a cursive style.

Gregory R. Easom