

2000 UNIFORM BUSINESS REPORT (UBR)

02-09-2001 90771 042 ***300.00
V49005

DOCUMENT # V49005

1. Entity Name

EASTON AND ASSOCIATES, INC.

Principal Place of Business

2254 NOXNAS LOOP
TALLAHASSEE FL 32303

Mailing Address

2254 NOXNAS LOOP
TALLAHASSEE FL 32303

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number 59-3134107

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

EASTON, SUE S.
2254 NOXNAS LOOP
TALLAHASSEE FL 32303

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

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

(NOTE: Registered Agent signature required when re-registering)

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 Mtn. 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

TITLE

NAME

STREET ADDRESS

CITY-STATE-ZIP

PD

EASTON, SUE S.
2254 NANNAS LOOP
TALLAHASSEE FL 32303

☒ Delete

TITLE

NAME

STREET ADDRESS

CITY-STATE-ZIP

Easton, Sue S.
149 Edgewater Circle
Suwannee, FL 32773

☐ Delete

TITLE

NAME

STREET ADDRESS

CITY-STATE-ZIP

☐ Delete

TITLE

NAME

STREET ADDRESS

CITY-STATE-ZIP

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TITLE

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STREET ADDRESS

CITY-STATE-ZIP

☐ Delete

TITLE

NAME

STREET ADDRESS

CITY-STATE-ZIP

☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE

NAME

STREET ADDRESS

CITY-STATE-ZIP

☐ Change ☐ Addition

TITLE

NAME

STREET ADDRESS

CITY-STATE-ZIP

☐ Change ☐ Addition

TITLE

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CITY-STATE-ZIP

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☐ Change ☐ Addition

TITLE

NAME

STREET ADDRESS

CITY-STATE-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:

SUE S. EASTON
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/6/01

(407)328-1549

FILED

01 JUN 25 PM 2:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT

CR2E034 (500)

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***600.00 ***600.00