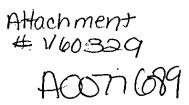
## FILED 2000 UNIFORM BUSINESS REPORT (UBR) Sep 13, 2000 8:00 am Secretary of State **DOCUMENT # V60329** 1. Entity Name EASTON PROPERTIES CORPORATION 09-13-2000 90059 012 \*\*\*150.00 Principal Place of Business Mailing Address 1601 FORUM PLACE 1194 OLD DIXIE HWY. MOULLOON **SUITE 1101** LAKE PARK FL 33403 WEST PALM BEACH FL 33401 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0466733 Not Applicable \$8.75 Additional Zip Country Zip Country 5. Certificate of Status Desired П Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name STITT. WILLIAM E Street Address (P.O. Box Number is Not Acceptable) 1194 OLD DIXIE HWY. LAKE PARK FL 33403 Zip Code City 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) FILE NOW!!! FEE IS \$550.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After SEPTEMBER 13, 2000 Min. will be \$750.00 Tax filing requirement and elects to do so. Trust Fund Contribution. П Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 12. Addition ☐ Delete TITLE ☐ Change TITLE STITT, WILLIAM E NAME STREET ADDRESS STREET ADDRESS 1194 OLD DIXIE HWY. CITY-ST-ZIP CITY-ST-ZIP LAKE PARK FL 33403 TITLE Delete Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Delete TITLE ☐ Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition TITLE ☐ Delete TITI F NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7tP ☐ Delete Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP Delete TITLE Change ☐ Addition NAME

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 succeed this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if

STREET ADDRESS CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP



## Easton Properties Corporation 1194 Old Dixie Highway . Lake Park . Florida 33403

September 11, 2000

Secretary of State **Division of Corporations** PO Box 1500 Tallahassee, Fl 32302

Re: Attached Filing

Dear Sir or Madam:

Please find a copy of the attached report from April 2000. The check for \$150.00 was not cashed. Please accept this replacement check and this new original report if you have not received the report earlier. Thank you.

Sincerely,

William E. Stitt,

President

cc:file

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ORUM PLACE		LAKE PARK FL 33403-2346	•		
PALM BEACH FL	33401		·		
		3. Mailing Address			. THE COACE
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juite, Apt. #, etc.		Suite, Apt. #, etc.			Applied For Not Applical
iulie, Apr. #, e.c.		City & State		4. FEI Number 65-0466733	\$8.75 Additional
City & State			Country	5. Certificate of Status Desired	Fee Required
	Country	Zip	Godini)	7. Name and Address of New Re	gistered Agent
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6.	Name and Address of Curr	ent ricgions	Name	Alimbor is Not Acceptable	)
	WILLIAM E.		Street Addre	iss (P.O. Box Number is Not Acceptable	
STITT, WI	D DIXIE HWY.	1			Zip Code
I AKE PÅ	IRK FL 334U3		City		<u> </u>
Cate				gistered agent, or both, in the State of Fl	orida.
		ent for the purpose of changing its	registered office or reg	distrien ademi or zzz.	. •
. The above nan	ned entity submits this statem	were cold			DATE
	nature, typed or printed name of registere		TE: Registered Agent signature	required when reinstating)	
g. This corporal	tion is eligible to satisfy its Inta uirement and elects to do so.	FILE NOW After MAY 1, 2	111; FEE IS \$150.00 000 Fee will be \$55	0.00 Trust Fund Contribut	
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