

2000 UNIFORM BUSINESS REPORT (UBR)**FILED**
Sep 13, 2000 8:00 am
Secretary of State

09-13-2000 90059 012 ***150.00

ADU71000



DO NOT WRITE IN THIS SPACE

DOCUMENT # V60329

1. Entity Name

EASTON PROPERTIES CORPORATION

Principal Place of Business

**1601 FORUM PLACE
SUITE 1101
WEST PALM BEACH FL 33401**

Mailing Address

**1194 OLD DIXIE HWY.
LAKE PARK FL 33403**

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

65-0466733

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

**STITT, WILLIAM E
1194 OLD DIXIE HWY.
LAKE PARK FL 33403**

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 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	P STITT, WILLIAM E 1194 OLD DIXIE HWY. LAKE PARK FL 33403	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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****9/14/00**

Date

561-445-0035

Daytime Phone #

CR2E034 (500)

Attachment
V60329

A0077689

Easton Properties Corporation

1194 Old Dixie Highway . Lake Park . Florida 33403

September 11, 2000

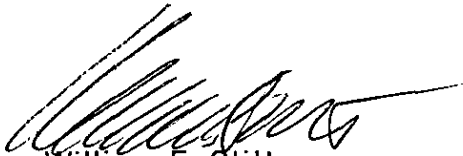
Secretary of State
Division of Corporations
PO Box 1500
Tallahassee, FL 32302

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

1. Entity Name

EASTON PROPERTIES CORPORATION

Principal Place of Business
1601 FORUM PLACE
SUITE 1101
WEST PALM BEACH FL 33401

Mailing Address
1194 OLD DIXIE HWY.
LAKE PARK FL 33403-2346

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip

Country

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0466733

Applied For
Not Applicable5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

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6. Name and Address of Current Registered Agent

STITT, WILLIAM E.
1194 OLD DIXIE HWY.
LAKE PARK FL 33403

Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

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(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

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CITY-ST-ZIP
P
STITT, WILLIAM E.
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LAKE PARK FL 33403

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SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/21/00

561-445003

Daytime Phone #