

FILED
May 23, 2001 8:00 am
Secretary of State

05-23-2001 91195 035 ***150.00

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # K03817

1. Entity to be

EAST COAST CANINE MOTEL, INC.

Principal Place of Business

% BENJAMIN Y. SAXON
3175 FELL RD.
MELBOURNE FL 32904

Mail ing Address

% BENJAMIN Y. SAXON
3175 FELL RD.
MELBOURNE FL 32904

AMUC1000



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-2875680**

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

SAXON, BENJAMIN Y.
3175 FELL RD.
MELBOURNE FL 32904

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 the agent and date of signature.

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

DATE

9. This corporation is eligible to satisfy the intangible
Tax filing requirement and elects to do so.
(See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input type="checkbox"/> Delete
NAME	NELSON, RUDOLPH L II	
STREET ADDRESS	3175 FELL RD.	
CITY-ST-ZIP	MELBOURNE FL	
TITLE	VD	<input type="checkbox"/> Delete
NAME	NELSON, MELINDA J.	
STREET ADDRESS	3175 FELL RD.	
CITY-ST-ZIP	MELBOURNE FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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
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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)(b), 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 the other as empowered.

SIGNATURE:

Melinda J. Nelson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-1-2001

Date

Daytime Phone #