

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jan 29, 2004 8:00 am
Secretary of State

01-29-2004 90033 041 ***150.00

DOCUMENT # P02000013648

1. Entity Name

EAST COAST CARPENTRY, INC.

DO NOT WRITE IN THIS SPACE

94005960

2. Principal Place of Business
3020 EMERSON DRIVE SE

3. Mailing Address
3020 EMERSON DRIVE SE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
PALM BAY FL

City & State
PALM BAY FL

4. FEI Number
73-1626868

Applied For
Not Applicable

Zip
32909

Country
USA

Zip
32909

Country
USA

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

7. Name and Address of Current Registered Agent

Name
WILLIAM KIRST

Street Address (P.O. Box Number is Not Acceptable)

3020 EMERSON DRIVE SE

City
PALM BAY

FL

Zip Code
32909

**DO NOT WRITE
IN THIS SPACE**

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

Bill Kirst

Registered Agent

1-27-04

Signature, typed or printed name of registered agent, and date of application.

(NOTE: Registered Agent Signature required when changing)

DATE

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

**January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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
**D/P/S/T/
Kirst, William
3020 Emerson Drive SE, Palm Bay, FL 32909**

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
**D
Fay, Charles
3020 Emerson Drive SE, Palm Bay, FL 32909**

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

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IN THIS SPACE**

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 on an attachment with an address, with all other like information.

SIGNATURE:

Bill Kirst

President

1-27-04

Date

321 728-4288

Business Phone #

CR2E034B (12/01)