

# 2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N02000007854

FILED  
Jan 12, 2003  
Secretary of State

Entity Name: EAST COAST BIOLOGISTS, INC.

## Current Principal Place of Business:

141 ATLANTIC AVENUE  
INDIALANTIC, FL 329032101

## New Principal Place of Business:

## Current Mailing Address:

141 ATLANTIC AVENUE  
INDIALANTIC, FL 329032101

## New Mailing Address:

P.O.BOX 37715  
INDIALANTIC, FL 329033715

FEI Number: 16-1633236

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

HOLLOWAY-ADKINS, KAREN G  
141 ATLANTIC AVENUE  
INDIALANTIC, FL 329032101

## Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: BOD ( ) Change (X) Addition  
Name: MOTA, MARIO J DIRECTO  
Address: 222 LAKE DR  
City-St-Zip: OVIEDO, FL 32765

Title: BOD ( ) Change (X) Addition  
Name: BARGO, PATRICIA D DIRECTO  
Address: 1427 OCEANVIEW AVE. APT. A  
City-St-Zip: NORFOLK, VA 235031070

Title: BOD ( ) Change (X) Addition  
Name: ADKINS, DARYL S DIRECTO  
Address: 141 ATLANTIC AVE.  
City-St-Zip: INDIALANTIC, FL 329032101

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DARYL S. ADKINS

DIRE

01/12/2003

Electronic Signature of Signing Officer or Director

Date