

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 212607

1. Entity Name

EAST COAST ASPHALT CORP.

**FILED**  
**Apr 09, 2001 8:00 am**  
**Secretary of State**

04-09-2001 90033 002 \*\*\*150.00

Principal Place of Business  
1790 N.W. 27TH STREET  
FORT LAUDERDALE FL 33311-2106

Mailing Address  
1790 N.W. 27TH STREET  
FORT LAUDERDALE FL 33311-2106

2. Principal Place of Business  
Same

3. Mailing Address  
P O Box 5066

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State  
Fort Lauderdale, FL

Zip

Country

Zip  
33310-5066

Country  
Broward

4. FEI Number 59-0854600

Applied For  
Not Applicable

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

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

KEARNS, THOMAS N.  
~~3916 NORTH 20TH AVENUE~~ 1790 N. W. 27th St.  
~~HOLLYWOOD FL 33020~~ Ft. Lauderdale, FL 33311

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 Thomas N. Kearns, President

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 \$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	P	<input type="checkbox"/> Delete
NAME	KEARNS THOMAS N.	
STREET ADDRESS	<del>3916 NORTH 20TH AVENUE</del>	
CITY-ST-ZIP	<del>HOLLYWOOD FL</del>	
TITLE	V	<input type="checkbox"/> Delete
NAME	ARGENIO, GENARO	
STREET ADDRESS	1790 N.W. 27TH STREET	
CITY-ST-ZIP	FT. LAUDERDALE FL	
TITLE	AS	<input type="checkbox"/> Delete
NAME	REYNOLDS, SHELVE	
STREET ADDRESS	1790 NW 27TH STREET	
CITY-ST-ZIP	FT. LAUDERDALE 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	President	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Thomas N. Kearns	
STREET ADDRESS	1790 N. W. 27th St.	
CITY-ST-ZIP	Fort Lauderdale, FL 33311	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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
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)(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

Thomas N. Kearns, Pres. 4/3/2001

Date 954-731-3133 Daytime Phone #

CR2E034 (10/00)