

2002 UNIFORM BUSINESS REPORT (UBR)**FILED**
Apr 29, 2002 8:00 am
Secretary of State

04-29-2002 90159 026 ***150.00

DOCUMENT # 212607**1. Entity Name**
EAST COAST ASPHALT CORP.**Principal Place of Business**
1790 N.W. 27TH STREET
FORT LAUDERDALE FL 33311-2106**Mailing Address**
P O BOX 5066
FORT LAUDERDALE FL 33310-5066**2. Principal Place of Business**
Same**3. Mailing Address**
Same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

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****KEARNS, THOMAS N.**
1790 NW 27TH ST
FORT LAUDERDALE FL 33311

Name

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

City

FL

Zip Code

7. Name and Address of New Registered Agent**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 \$150.00**
After May 1, 2002 Fee will be \$550.00
Make Check Payable to Department of State**10. Election Campaign Financing** ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.**11. OFFICERS AND DIRECTORS****12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**☐ Change ☐ Addition☐ Change ☐ Addition☐ Change ☐ Addition☐ Change ☐ Addition☐ Change ☐ Addition☐ Change ☐ Addition**TITLE** **P** ☐ Delete
NAME **KEARNS THOMAS N.**
STREET ADDRESS **1790 NW 27TH ST**
CITY-ST-ZIP **FORT LAUDERDALE FL 33311****TITLE** **V** ☐ Delete
NAME **ARGENIO, GENARO**
STREET ADDRESS **1790 N.W. 27TH STREET**
CITY-ST-ZIP **FT. LAUDERDALE FL****TITLE** **AS** ☐ Delete
NAME **REYNOLDS, SHELVE**
STREET ADDRESS **1790 NW 27TH STREET**
CITY-ST-ZIP **FT. LAUDERDALE FL****TITLE** ☐ Delete
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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:**
Thomas N. Kearns, President

4/11/02

954-731-3133

Date

Daytime Phone #

CR2E034 (9/01)