

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2003 8:00 am
Secretary of State

04-21-2003 91096 001 ***300.00

DOCUMENT # 315243

1. Entity Name
EASTERN CEMENT CORP.



Principal Place of Business
**1400 CENTRE PARK BLVD.
SUITE 900
WEST PALM BEACH FL 33401**

Mailing Address
**1400 CENTRE PARK BLVD.
SUITE 900
WEST PALM BEACH FL 33401**



2. Principal Place of Business

6700-4 DANIELS PARKWAY
Suite, Apt. #, etc.

3. Mailing Address

6700-4 DANIELS PARKWAY
Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State

FORT MYERS FL

City & State

FORT MYERS FL

4. FEI Number

59-1167232

Applied For

☐ Not Applicable

Zip

33912

Country

LEE

Zip

33912

Country

LEE

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**BENSON, LARRY
1400 CENTRE PARK BLVD.
SUITE 900
WEST PALM BEACH FL 33401**

7. Name and Address of New Registered Agent

Name

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

6700-4 DANIELS PARKWAY

City

FORT MYERS

FL

Zip Code

33912

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Larry S Benson

LARRY S BENSON

1/8/13

Signature, word or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **COB** ☐ Delete
NAME **SCHWAB, J A**
STREET ADDRESS **1400 CENTREPARK BLVD STE 900**
CITY-ST-ZIP **WEST PALM BEACH FL 33401**

TITLE ☐ Change ☐ Addition
NAME **6700-4 DANIELS PARKWAY**
STREET ADDRESS **FORT MYERS FL 33912**

TITLE **PD** ☐ Delete
NAME **SCHWAB, DAVID A**
STREET ADDRESS **1400 CENTREPARK BLVD STE 900**
CITY-ST-ZIP **WEST PALM BEACH FL 33401**

TITLE ☐ Change ☐ Addition
NAME **6700-4 DANIELS PARKWAY**
STREET ADDRESS **FORT MYERS FL 33912**

TITLE **SD** ☐ Delete
NAME **SCHWAB, DONNA L**
STREET ADDRESS **1400 CENTREPARK BLVD STE 900**
CITY-ST-ZIP **WEST PALM BEACH FL 33401**

TITLE ☐ Change ☐ Addition
NAME **6700-4 DANIELS PARKWAY**
STREET ADDRESS **FORT MYERS FL 33912**

TITLE **TD** ☒ Delete
NAME **SCHWAB, MARY LYNN**
STREET ADDRESS **1400 CENTREPARK BLVD STE 900**
CITY-ST-ZIP **WEST PALM BEACH FL 33401**

TITLE ☐ Change ☐ Addition
NAME **6700-4 DANIELS PARKWAY**
STREET ADDRESS **FORT MYERS FL 33912**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/03

239-561-7053

Date

Daytime Phone #

CR2034 (10/02)