

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 21, 2003 8:00 am
Secretary of State

04-21-2003 91215 035 ***150.00

DOCUMENT # **425391**



1. Entity Name
EAST COAST AUTOMOTIVE INDUSTRIES, INC.

Principal Place of Business
**1000 S. ANDREWS AVE.
POMPANO BEACH FL 33069**

Mailing Address
**1000 S. ANDREWS AVE.
POMPANO BEACH FL 33069**



2. Principal Place of Business
5210 E. HANNA AVE.

3. Mailing Address
5210 E. HANNA AVE.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

CHECK HERE IF MAKING CHANGES

City & State
TAMPA, FL

City & State
TAMPA, FL

4. FEI Number ~~59-1505123~~
59-1565132

Applied For
 Not Applicable

Zip
33610

Country
USA

Zip
33610

Country
USA

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**LEVEY, JEFFREY
8413 STAGE COACH LANE
BOCA RATON FL 33496**

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

SIGNATURE

DATE **4/16/03**

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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
	PDTS			
	LEVEY, JEFFREY B.	8313 STAGE COACH LN	BOCA RATON FL 33496	

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition

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, or all other I am empowered.

SIGNATURE:

DATE **4/16/03** DAYTIME PHONE # **813-740-0400**

CR2E034 (10/02)