

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 450648

1. Entity Name

EASTERN AUTOTRONICS INC

FILED
Mar 10, 2000 8:00 am
Secretary of State

03-10-2000 90005 037 ***150.00

Principal Place of Business

5601 Powerline Road
Suite 105
Fort Lauderdale, FL 33309

Mailing Address

5601 Powerline Road
Suite 105
Fort Lauderdale, FL 33309-2831

2. Principal Place of Business

3. Mailing Address

5601 Powerline Road

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 105

City & State

City & State

Fort Lauderdale, FL

Zip

Country

Zip

33309-2831

Country

USA

4. FEI Number

9-152927

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

Harris, J. Jay
5601 Powerline Road, Suite 105
Fort Lauderdale, FL 33309-2831

7. Name and Address of New Registered Agent

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

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, 2000 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

TITLE	P	<input type="checkbox"/> Delete
NAME	Harris, J. Jay	
STREET ADDRESS	5901 Bontreau ST	
CITY-ST-ZIP	Boca Raton FL 33433	
TITLE	V	<input type="checkbox"/> Delete
NAME	Craig, Walter J.	
STREET ADDRESS	5991 NE 18th Terrace	
CITY-ST-ZIP	FT Lauderdale, FL 33308	
TITLE	ST	<input type="checkbox"/> Delete
NAME	Botton, J. L.	
STREET ADDRESS	1073 Whitehart Court	
CITY-ST-ZIP	Marco Island FL 34145	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Harris, J. Jay	
STREET ADDRESS	21161 Via Ventura	
CITY-ST-ZIP	Boca Raton FL 33433	
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		
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

FEB 28 2000

954 491-3800

Date

Daytime Phone #

CR2E034 (9/99)