

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Jan 29, 2001 8:00 am
Secretary of State

01-29-2001 90107 046 ***150.00

DOCUMENT # G19194

1. Entity Name

EASTERN IMPORTS, INC.

Principal Place of Business

562 EDGEWOOD AVE. S.
JACKSONVILLE FL 32205

Mailing Address

15 NORTHERN DANCER DR.
OCALA FL 34482

2. Principal Place of Business

3. Mailing Address

1208 Creek Bend Rd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Jacksonville, FL

Zip

Country

Zip

Country

32259

4. FEI Number 59-2302057

Applied For

Not Applicable

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

KALLAM, CURTIS B
15 NORTHERN DANCER DRIVE
OCALA FL 32675

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, 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 ☐ Delete
NAME KALLAM, CURTIS B.
STREET ADDRESS 15 NORTHERN DANCER DRIVE
CITY-ST-ZIP Ocala FL 34482

TITLE P ☒ Change ☐ Addition
NAME Kallam Curtis B.
STREET ADDRESS 1208 Creek Bend Rd.
CITY-ST-ZIP Jacksonville FL 32259

TITLE VP ☐ Delete
NAME KALLAM, C. BRYAN
STREET ADDRESS 4250 STRIKER PLACE
CITY-ST-ZIP MIDDLEBURG FL 32068

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

TITLE ST ☐ Delete
NAME KALLAM, CAROL B
STREET ADDRESS 15 NORTHERN DANCER DR.
CITY-ST-ZIP Ocala FL 34482

TITLE ST ☒ Change ☐ Addition
NAME Kallam Carol B.
STREET ADDRESS 1208 Creek Bend Rd.
CITY-ST-ZIP Jacksonville FL 32259

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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

Date

1/17/01

Daytime Phone #

404-548492x210

CR2E034 (10/00)