

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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

03-21-2003 90096 036 ***150.00

DOCUMENT # G60786

1. Entity Name
FIRST EASTERN GROUP, INC.



Principal Place of Business
**654 SW THORNHILL LANE
PALM CITY FL 34990
US**

Mailing Address
**P O BOX 801
PALM CITY FL 34990
US**



2. Principal Place of Business
33 Flagler Avenue

Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

CHECK HERE IF MAKING CHANGES

City & State
Stuart, Florida

City & State

4. FEI Number **59-2323758**

Applied For

Not Applicable

Zip **34994** Country **Martin**

Zip Country

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

**SAMPSON, DOUGLAS C
654 SW THORNHILL LANE
PALM CITY FL 34990**

Name
Street Address (P.O. Box Number is Not Acceptable)
33 Flagler Avenue
City **Stuart, FL** Zip Code **34994**

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

Signature, typed 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	D	<input type="checkbox"/> Delete
NAME	WILLIAMS, CLYDE E	
STREET ADDRESS	2000 HUNTINGTON BLDG.	
CITY-ST-ZIP	925 EUCLID AVE. CLEVELAND OH 44115	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	TUCKLEY, ETHEL S	
STREET ADDRESS	2474 SW VERSAILLES TERRACE	
CITY-ST-ZIP	STUART FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	RAMSER, FORREST L	
STREET ADDRESS	190 ASHTON DR	
CITY-ST-ZIP	ATHENS GA	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Douglas C. Sampson	
STREET ADDRESS	33 Flagler Ave.	
CITY-ST-ZIP	Stuart, Florida 34994	
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		

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 or other like empowered.

SIGNATURE: *[Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-18-03
Date Daytime Phone #

CR2E034 (10/02)