

# 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.

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**

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

**7. Name and Address of New Registered Agent**

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**

TITLE **D** ☐ Delete  
NAME **WILLIAMS, CLYDE E**  
STREET ADDRESS **2000 HUNTINGTON BLDG.**  
CITY-ST-ZIP **925 EUCLID AVE. CLEVELAND OH 44115**

TITLE **S** ☒ Delete  
NAME **TUCKLEY, ETHEL S**  
STREET ADDRESS **2474 SW VERSAILLES TERRACE**  
CITY-ST-ZIP **STUART FL**

TITLE **D** ☐ Delete  
NAME **RAMSER, FORREST L**  
STREET ADDRESS **190 ASHTON DR**  
CITY-ST-ZIP **ATHENS GA**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

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

TITLE ☐ Change ☒ Addition  
NAME **President**  
STREET ADDRESS **Douglas C. Sampson**  
CITY-ST-ZIP **33 Flagler Ave. Stuart, Florida 34994**

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

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

TITLE ☐ Change ☐ Addition  
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 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)