2001 UNIFORM BUSINESS REPORT (UBR)

Apr 05, 2001 8:00 am Secretary of State DOCUMENT # **H95433** -----EAST COAST MANUFACTURING, INC. 04-05-2001 90043 003 ***150.00 Principal Place of Business Mailing Address 440 PLUMOSA AVE 440 PLUMOSA AVE CASSELBERRY FL 32707 CASSELBERRY FL 32707 9399982. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 59-2645702 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent-Name LAWLOR, GEORGE Street Address (P.O. Box Number is Not Acceptable) 1436 NORTHERN WAY WINTER PARK FL 32708 City Zip Code FL 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. DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. CR2E034 (10/00) Change ☐ Addition ☐ Delete TITLE TITLE SANTY, BRONSON NAME NAME STREET ADDRESS STREET ADDRESS 440 PLUMOSA AVE. CITY-ST-ZIP CITY-ST-ZIP CASSELBERRY FL ☐ Change ☐ Addition ☐ Delete TITLE TITLE LAWLOR, GEORGE NAME NAME 440 PLUMOSA AVE. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP WINTER PARK FL TITLE Delete -Change Addition THE E NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITI F □ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST- ZIP ☐ Delete TITLE TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ipplied with this filing does not qualitial report is true and accurate and t exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information ignature shall have the same legal effect as if made under oath; that I am an officer or director equired by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if I hereby certify that the information indicated on this report or supplen of the corporation or the receiver changed, or on an attachment wi trustee empowered to ex an address, with all other cute this r

like empo

SIGNATURE:

FILED

Date - Davine Phone #