

2000 UNIFORM BUSINESS REPORT (UBR)

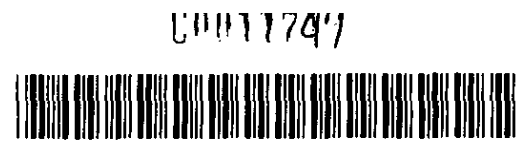
FILED
Jan 26, 2000 8:00 am
Secretary of State

01-26-2000 90202 004 ***150.00

DOCUMENT # J10044

1. Entity Name
EASTCO INDUSTRIES, INC.

| | |
|-------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------|
| Principal Place of Business ABRAHAM, RICHARD 4102 SE NEWTON STREET STUART FL 34997 US | Mailing Address ABRAHAM, RICHARD 4102 SE NEWTON STREET STUART FL 34997-5475 US |
| 2. Principal Place of Business Suite, Apt. #, etc. | 3. Mailing Address Suite, Apt. #, etc. |
| City & State | City & State |
| Zip Country | Zip Country |



DO NOT WRITE IN THIS SPACE

| | | |
|------------------------------------------------------------------------------|--|--------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 4. FEI Number 59-2683851 | | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | | \$8.75 Additional Fee Required |
| 6. Name and Address of Current Registered Agent | | 7. Name and Address of New Registered Agent |
| STEVENS, BLAISE 4102 SE NEWTON ST STUART FL 34997 | | Name RICHARD S ABRAHAM Street Address (P.O. Box Number is Not Acceptable) 4102 NEWTON ST. City STUART FL Zip Code 34997 |

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 **RICHARD S.**
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 | | 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD STEVENS, BLAISE A. 7840 SE OAKDALE CT STUART FL 34997 <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D ABRAHAM, RICHARD SCOTT 4102 SE NEWTON ST STUART FL 34997 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | PRES ABRAHAM RICHARD SCOTT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 4102 NEWTON ST. STUART FL 34997 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D ABRAHAM, MARYANN 4102 SE NEWTON ST STUART FL 34997 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | VP-SECTY. TREASURER <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition ABRAHAM MARYANN 4102 NEWTON ST STUART FL 34997 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

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 **RICHARD S ABRAHAM** 1-11-00 561-223-73
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #