

2000 UNIFORM BUSINESS REPORT (UBR)

192

DOCUMENT # J36450

1. Entity Name

EASTPORT REALTY, INC.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 AUG 18 AM 6:44

Principal Place of Business

2642 SE IBIS AVE.
P.O. BOX 8242
PORT ST. LUCIE FL 34985
US

Mailing Address

2642 SE IBIS AVE.
P.O. BOX 8242
PORT ST. LUCIE FL 34985



2. Principal Place of Business

3. Mailing Address

State, Apt. #, etc.

State, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01/12/00-90122-002-\$150.00

4. FEI Number

59-2728264

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

FARRELL, RICKEY L.
1595 SE PORT ST LUCIE BLVD
PORT ST. LUCIE FL 34952

7. Name and Address of New Registered Agent

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.

(If FEI, Registered Agent signature required when consolidated)

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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

TITLE	PD	☐ Delete
NAME	HERRMANN, DAVID	
STREET ADDRESS	2642 S.E. IBIS AVE.	
CITY-STATE-ZIP	PORT ST. LUCIE FL	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
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NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		☐ Change ☐ Add
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		☐ Change ☐ Add
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		☐ Change ☐ Add
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		☐ Change ☐ Add
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		☐ Change ☐ Add
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 or changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

DAVID HERRMANN, Pres. 8/15/00

561-335-9770

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

DO NOT REMOVE!

2 of 2

13 July, 2000

I HAVE ENCLOSED A COPY
OF MY CANCELLED CHECK SHOWING
I FILED MY ANNUAL REPORT
ON 6 JAN., 2000. YOUR
DEPARTMENT CASHED THE CHECK
ON 12 JAN., 2000.

IF THERE IS STILL A
PROBLEM, PLEASE NOTIFY ME.

THANK YOU.



BROKER

EASTWAT REALTY INC.