

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # J36450

1. Entity Name

EASTPORT REALTY, INC.

FILED

Feb 15, 2001 8:00 am
Secretary of State

02-15-2001 90066 005 ***158.75

717096



DO NOT WRITE IN THIS SPACE

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

US

2. Principal Place of Business

2642 S.E. IBIS AVE.

Suite, Apt. #, etc.

3. Mailing Address

2642 S.E. IBIS AVE.

Suite, Apt. #, etc.

City & State

Port St. Lucie, FL.

City & State

Port St. Lucie, FL.

4. FEI Number

59-2728264

Applied For

Not Applicable

Zip

34952

Country

U.S.

Zip

34952

Country

U.S.

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

FARRELL, RICKEY L

1595 SE PORT ST LUCIE BLVD

PORT ST. LUCIE FL 34952

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.

(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, 2001 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 PD ☐ Delete
NAME HERRMANN, DAVID
STREET ADDRESS 2642 S.E. IBIS AVE.
CITY-ST-ZIP PORT ST. LUCIE FL

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

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:

David Herrmann

DAVID HERRMANN

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10 Feb, 2001

Date

561-335-9770

Daytime Phone #

CR2E034 (10/00)