

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # J97019

1. Entity Name

EASTMAN INVESTMENT AND MANAGEMENT CORPORATION

FILED
Mar 06, 2002 8:00 am
Secretary of State

03-06-2002 90005 050 ***150.00

0019434 AV

Principal Place of Business

915 OCEAN SHORE BLVD
305
ORMOND BEACH FL 32176
US

Mailing Address

915 OCEAN SHORE BLVD
305
ORMOND BEACH FL 32176
US



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

City & State

4. FEI Number 59-2848497

Applied For

Not Applicable

Zip

Country

Zip

Country

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

OWEN, RICHARD B
5250 S. HWY 17-92
CASSELBERRY FL 32707

Name BARBARA J. EASTMAN

Street Address (P.O. Box Number is Not Acceptable) 915 OCEAN SHORE BLVD. #305

ORMOND BEACH, FL

FL Zip Code 32176

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 *Barbara J. Eastman*

BARBARA J. EASTMAN

2/12/02

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, 2002 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 PS
NAME EASTMAN, BARBARA J
STREET ADDRESS P.O. BOX 470488
CITY-ST-ZIP LAKE MONROE FL 32747 ☐ Delete

TITLE PS
NAME EASTMAN, BARBARA J ☒ Change ☐ Addition
STREET ADDRESS 915 OCEAN SHORE BLVD. #305
CITY-ST-ZIP ORMOND BEACH, FL. 32176

TITLE V
NAME MAGNUSON, ROBERT ☒ Delete
STREET ADDRESS P.O. BOX 470488
CITY-ST-ZIP LAKE MONROE FL 32747

TITLE V
NAME WILLIAM J. HINKLE ☐ Change ☒ Addition
STREET ADDRESS 915 OCEAN SHORE BLVD. #305
CITY-ST-ZIP ORMOND BEACH, FL. 32176

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ 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: *Barbara J. Eastman*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/12/02 306-441-2206
Date Daytime Phone #

CR2E034 (9/01)