

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # K60639

1. Entity Name

EAST COAST EXCAVATION INC.

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

04-26-2000 90159 021 ***158.75

Principal Place of Business

Mailing Address

595 NORTH NOVA ROAD
SUITE 1070
ORMOND BEACH FL 32174
US

P. O. BOX 607
ORMOND BEACH FL 32175-0607
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-2935940**

Applied For

Not Applicable

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

FENNELL, TIMOTHY A.
5839 JOHN ANDERSON HWY
FLGLER BEACH FL 32136

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, 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 PD
NAME FENNELL, TIMOTHY A.
STREET ADDRESS 5839 JOHN ANDERSON HIGHWAY
CITY-ST-ZIP FLGLER BEACH FL 32136 ☐ Delete

TITLE VD
NAME WAINIO, WAYNE P.
STREET ADDRESS 1512 S RIVERSIDE DR
CITY-ST-ZIP NEW SMYRNA BCH FL ☒ Delete

TITLE STD
NAME FENNELL, PAIGE E.
STREET ADDRESS 5839 JOHN ANDERSON HIGHWAY
CITY-ST-ZIP FLGLER BEACH FL 32136 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE ☐ Change ☐ Addition

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

TITLE ☐ Change ☐ Addition

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

TITLE ☐ Change ☐ Addition

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

TITLE ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/17/00

904-677-9905

Daytime Phone #

CR2E034 (9/99)