

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # K73018

1. Entity Name

EAST COAST SPECIALTIES, INC.

FILED
Feb 09, 2000 8:00 am
Secretary of State

02-09-2000 90221 008 ***150.00

913243



DO NOT WRITE IN THIS SPACE

Principal Place of Business

1758 SW BITTMOORE ST
PORT ST LUCIE FL 34984

Mailing Address

1758 SW BITTMOORE ST
PORT ST LUCIE FL 34984-3418
US

2. Principal Place of Business

1758 SW BILTMORE ST

Suite, Apt. #, etc.

3. Mailing Address

1758 SW BILTMORE ST

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0125504

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

HALL, SHEILA J
1497 SW GILROY RD
PORT ST LUCIE FL 34953

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	ST	<input type="checkbox"/> Delete
NAME	HALL, MICHAEL A	
STREET ADDRESS	1477 SW GILROY	
CITY-ST-ZIP	PORT ST. LUCIE FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	HALL, SHIELA A.	
STREET ADDRESS	1477 SW GILROY	
CITY-ST-ZIP	PORT ST. LUCIE FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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:

Michael A. Hall
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

President
Title

Date

Daytime Phone #

2/31/00
561-871-1922

CR2E034 (9/99)