

**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Feb 03, 2003 8:00 am**  
**Secretary of State**

02-03-2003 90078 033 \*\*\*150.00

**DOCUMENT # M83516**

1. Entity Name  
**90 EAST, INC.**



Principal Place of Business  
**10176 US 90 EAST  
LIVE OAK FL 32060  
US**

Mailing Address  
**10176 US 90 EAST  
LIVE OAK FL 32060  
US**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State

City & State

4. FEI Number **59-2937893**

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

**CALVITT, RICHARD W  
804 SOUTH OHIO AVE  
LIVE OAK FL 32060**

Name **Suellen Skinner**  
Street Address (P.O. Box Number is Not Acceptable)  
**10176 U.S. Hwy 90  
Live OAK, FL.**  
City **Live OAK** FL **32060**

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. I am familiar with, and accept the obligations of registered agent:

SIGNATURE **Suellen Skinner**

**1-29-2003**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2003 Fee will be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<b>P</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>CALVITT, RICHARD</b>	
STREET ADDRESS	<b>804 S.OHIO AVE</b>	
CITY-ST-ZIP	<b>LIVE OAK FL 32060</b>	
TITLE	<b>VPST</b>	<input type="checkbox"/> Delete
NAME	<b>SKINNER, RONALD</b>	
STREET ADDRESS	<b>10176 US 90 EAST</b>	
CITY-ST-ZIP	<b>LIVE OAK FL 3-2060</b>	
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"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<b>President</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>RONALD F. SKINNER</b>	
STREET ADDRESS	<b>10176 US 90 EAST</b>	
CITY-ST-ZIP	<b>LIVE OAK FL 32060</b>	
TITLE	<b>Sec. Treasure</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Suellen Skinner</b>	
STREET ADDRESS	<b>10176 U.S 90 EAST</b>	
CITY-ST-ZIP	<b>LIVE OAK FL 32060</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **Suellen Skinner**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**1/29/03 386-362-1708**

CR2E034 (10/02)