207-784-1507

Daytime Phone #

2/11/00

John D. Haynes

2000 UNIFORM BUSINESS REPORT (UBR)

| DOCUMENT # M9600000339 | | | | | FILED | | | |
|--|---|-------------------------------------|--|--|---|--------------------------------------|------------------------|--|
| 1. Entity Name EASTERN CONSOLIDATED SYSTEMS LC | | | | | 00 MAR 29 AM 9: 11 | | | |
| | | | | | SECRETARY OF STATE TALLAHASSEE, FLORIDA | | | |
| Principal Place of Business Mailing Address | | | | | ALLAHASSEE, FLORT |)Ą | | |
| 170 KITTY HA | | 170 KITTY HAWK AVE. | | | | 1417 | | |
| AUBURN ME (| 04210 | AUBURN ME 04210-8309 | | | , | Λ ' | | |
| | | | | | | | | |
| 2. Principal Place of Business 3. Mailing Addr | | 3. Mailing Address | g Address | | | 4 001)1 00)00 11 138 1 | 11 3 0 190 | |
| Suite, Apt. #, etc. Suite, Apt. #, etc. | | | | DO NOT WRITE IN THIS SPACE | | | | |
| City & State City & State | | City & State | | 4. FEI N | 4. FEI Number Applied For Applied For | | | |
| | | Zip. | ip Country | | 01-0500090 Not Applicable 5. Contilinate of Status Pasient | | | |
| Zip | Country | Zip | Country | | ficate of Status Desired | Fee Required | | |
| | 6. Name and Address of Curren | t Registered Agent | - Name | 7. Name and Address of New Registered Agent Name | | | | |
| MELANSO | n, regan | | Street Address (P.O. Box Number is Not Acceptable) | | | | | |
| 8961 NORTH FOLK DRIVE | | | | | | | | |
| NORTH FORT MYERS FL 33903 | | | City | City FL Zip Code | | | | |
| | | | | | | L | | |
| 8. The above | named entity submits this statement f | for the purpose of changing its | registered office or re | gistered agent, | or both, in the State of Florida. | | II | |
| SIGNATURE . | Signature, typed or printed name of registered ager | at and title if applicable. (NOTE | : Registered Agent signature | required when reinstat | ing) DATE | | | |
| | | | | | | | | |
| | • | I |)W!!! FEE IS \$50 yable to Departme | | 70000320: -04/14/00- | -01004 | —— - 012 | |
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| 9. TITLE | MANAGING MEMI | Delete | 10. | | ADDITIONS) OF IARAB | Change | Addition | |
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| STREET ADDRESS | , | | STREET ADDRESS CITY-ST-ZIP | | | | | |
| 11. I hereby | certify that the information supplied with | th this filing does not qualify for | the exemption stated | I in Section 119. | 07(3)(i), Florida Statutes. I further o | ertify that the in | oformation (| |
| indicated | on this report is true and accurate an bility company or the receiver or truste | d that my signature shall have t | the same legal effect : | as if made unde | r oath; that I am a managing mem | ber or manage | r of the | |