

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M96000000339

1. Entity Name

EASTERN CONSOLIDATED SYSTEMS LC

FILED

01 APR 26 PM 4:18

SECRETARY OF STATE
TALLAHASSEE, FL

Principal Place of Business

170 KITTY HAWK AVE.
AUBURN ME 04210

Mailing Address

170 KITTY HAWK AVE.
AUBURN ME 04210

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

01-0500090

5. Certificate of Status Desired

DO NOT WRITE IN TI



6. Name and Address of Current Registered Agent

7. Name and Address of New

MELANSON, REGAN

8961 NORTH FOLK DRIVE
NORTH FORT MYERS FL 33903

Name

Richard Pulizzi

Street Address (P.O. Box Number is Not Acce

2558 Congress Street

City

Ft. Myers FL 33901

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the S.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS / MEMBERS

10. ADDITIONS / CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
HAYNES, JOHN D
37 RAFNELL STREET
AUBURN ME 04210 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
B000004194146-3
05/10/01-01-14-006
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CITY-ST-ZIP
☐ Change

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 indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

John D. Haynes 2/9/01

Date