

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 13, 2003 8:00 am
Secretary of State

01-13-2003 90089 007 ***150.00

DOCUMENT # P00000027214

1. Entity Name
EAST COAST ENGINEERING, INC.



Principal Place of Business
**13484 SAND RIDGE ROAD
PALM BEACH GARDENS FL 33418**

Mailing Address
**13484 SAND RIDGE ROAD
PALM BEACH GARDENS FL 33418**



2. Principal Place of Business
64 E. Blue Heron Blvd.
Suite, Apt. #, etc.

3. Mailing Address
64 E. Blue Heron Blvd.
Suite, Apt. #, etc.

☒ CHECK HERE IF MAKING CHANGES

City & State
Riviera Beach, FL
Zip
33404
Country
USA

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Zip
33404
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4. FEI Number **65-0990433**

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**BALL, CHRISTOPHER D
13484 SAND RIDGE ROAD
PALM BEACH GARDENS FL 33418**

7. Name and Address of New Registered Agent

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

SIGNATURE **Chris Ball**
Signature, typed or printed name of registered agent and title if applicable.

President - Chris Ball **1/10/03**
(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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BALL, CHRISTOPHER D 13484 SAND RIDGE ROAD PALM BEACH GARDENS FL 33418 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T/S Meredith Ball 13484 Sand Ridge Rd. Palm Beach Gardens, FL 33418 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	M/S Melissa Quigley 307 Live Oak Ln. Boynton Beach, FL 33436 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: **Melissa Quigley** **1/10/03** **(561) 863-4496**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE Daytime Phone #

CR2E034 (10/02)