

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

4/2

FILED
May 29, 2002 8:00 am
Secretary of State

04-22-2002 90116 014 ***150.00

DOCUMENT # P00000035887

1. Entity Name
EAST COAST CONTAINER SERVICE INC

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 2115 FLORIDA AVE	3. Mailing Address 2618 MCGREGGOR BLVD
Suite, Apt. #, etc.	Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State FERNANDINA BCH FL	City & State FERNANDINA BCH FL
Zip 32034	Zip 32034
Country USA	Country USA

4. FEI Number 59-3639718	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name VANCE H. LePIERRE
Street Address (P.O. Box Number is Not Acceptable) 2618 MCGREGGOR BLVD
City FERNANDINA BCH FL
Zip Code 32034

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 **VANCE H. LePIERRE PRESIDENT** *Vance H. LeP...* **5/22/02**
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)

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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

TITLE PRESIDENT	TITLE VANCE A. LePIERRE
NAME VANCE A. LePIERRE	NAME VANCE A. LePIERRE
STREET ADDRESS 2618 MCGREGGOR BLVD	STREET ADDRESS 2618 MCGREGGOR BLVD
CITY-ST-ZIP FERNANDINA BCH FL 32034	CITY-ST-ZIP FERNANDINA BCH FL 32034

TITLE V.P./SECRETARY/TREASURER	TITLE GARY D. LePIERRE
NAME GARY D. LePIERRE	NAME GARY D. LePIERRE
STREET ADDRESS 2115 FLORIDA AVE	STREET ADDRESS 2115 FLORIDA AVE
CITY-ST-ZIP FERNANDINA BCH FL 32034	CITY-ST-ZIP FERNANDINA BCH FL 32034

TITLE 	TITLE
NAME 	NAME
STREET ADDRESS 	STREET ADDRESS
CITY-ST-ZIP 	CITY-ST-ZIP

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STREET ADDRESS 	STREET ADDRESS
CITY-ST-ZIP 	CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE: *Vance H. LeP...* **VANCE H. LePIERRE** **4/12/02** **904 753 2234**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/01)