

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 06, 2001 8:00 am**  
**Secretary of State**

03-06-2001 90311 018 \*\*\*150.00

**DOCUMENT # P00000042010**

1. Entity Name

**EAST COAST INTERACTIVE, INC.**

Principal Place of Business

**96 WILLARD STREET STE 302  
 COCOA FL 32922**

Mailing Address

**96 WILLARD STREET STE 302  
 COCOA FL 32922**

2. Principal Place of Business

**1044 DEES DR  
 Suite, Apt. #, etc.  
 OVI EDO, FL**

3. Mailing Address

**1044 DEES DR  
 Suite, Apt. #, etc.  
 OVI EDO, FL**

City & State

City & State

**OVI EDO, FL**

Zip

**32765**

Country

**US**

Zip

**32765**

Country

**US**

4. FEI Number

**59-3649984**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
 Fee Required**

6. Name and Address of Current Registered Agent

**GOLDMAN, MITCHELL S  
 96 WILLARD STREET STE 302  
 COCOA FL 32922**

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.

SIGNATURE

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)

**FILE NOW!!! FEE IS \$150.00  
 After MAY 1, 2001 Fee will be \$550.00  
 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 **D** ☐ Delete  
 NAME **DIEHL, DAN**  
 STREET ADDRESS **96 WILLARD STREET STE 302**  
 CITY-ST-ZIP **COCOA FL 32922**

TITLE **D** ☐ Delete  
 NAME **ROSS, JACK A**  
 STREET ADDRESS **96 WILLARD STREET STE 302**  
 CITY-ST-ZIP **COCOA FL 32922**

TITLE **D** ☐ Delete  
 NAME **LOWE, KENNETH W**  
 STREET ADDRESS **96 WILLARD STREET STE 302**  
 CITY-ST-ZIP **COCOA FL 32922**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PRESIDENT** ☒ Change ☐ Addition  
 NAME **DAN DIEHL**  
 STREET ADDRESS **1044 DEES DR.**  
 CITY-ST-ZIP **OVI EDO, FL 32765**

TITLE **SECRETARY - TREASURER** ☒ Change ☐ Addition  
 NAME **JACK ROSS**  
 STREET ADDRESS **1630 EAST CENTRAL AVE**  
 CITY-ST-ZIP **MERRITT ISLAND, FL 32952**

TITLE **Vice President** ☒ Change ☐ Addition  
 NAME **KENNETH W. LOWE**  
 STREET ADDRESS **234 ROSA L JONES DR**  
 CITY-ST-ZIP **COCOA FL 32922**

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**DAN DIEHL**

**28 FEB, 2001**

Date

**407-977-0271**

Daytime Phone #

CR2E034 (10/00)

0079230