2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT#

P00000050723

1. Entity Name

SIGNATURE:

EASTAR COMPANY



FILED Mar 31, 2003 8:00 am g Secretary of State

350-235-2438

03-31-2003 90284 041 ***163.75

7901 FRONT BEACH ROAD PANAMA CITY BEACH FL 32407		7901 FRONT BEACH ROA	7901 FRONT BEACH ROAD PANAMA CITY BEACH FL 32407							
2. Principal F	Place of Business .	3. Mailing Address	3. Mailing Address			1 (186)		1200 0 0 010 1 0 0 10		
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.			CHECK HERE IF MAKING CHANGES				
City & State		City & State	City & State			4. FEI Number 59-3647902 Applied For Not Applicable				
Zip	Country	Zip	Country		5. Cer	tificate of Status Desired		\$8.75 Ad	Iditional	
	6. Name and Address of Curre	ent Registered Agent			7. Nar	ne and Address of New Re	gistered A	gent		
KIEHN, ROLAND W ESQ 220 MCKENZIE AVENUE PANAMA CITY FL 32401				Street Address (P.O. Box Number is Not Acceptable)					-	
				City			FL	Zip Cod	e	
the obligate SIGNATURE F	e named entity submits this statementions of registered agent. Signature, typed or printed name of registered agent. FILE NOW!!! FEE IS \$150.00 r May 1, 2003 Fee will be \$550.0	ent and title if applicable. (NOT		gent signature required			DATE ncing	\$5.0	00 May Be	
	k Payable to Florida Department		T	····						
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CHEN, DEHAI 7901 FRONT BEACH ROAD PANAMA CITY BEACH FL 324	Delete	11. TITLE NAME STREET A	- 1	ADDI	TIONS/CHANGES TO OFFIC	ERS AIVU	☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP CHEN, WENFENS 7901 FRONT BEACH ROAD PANAMA CITY BEACH FL 324	☐ Delete	TITLE NAME STREET A CITY-ST-				3252	Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST REN, LIJUN 7901 FRONT BEACH RD. PANAMA CITY BEACH FL 324	Delete,	NAME STREET A		۰۰ مستور			Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET A CITY-ST					☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET A CITY-ST-					Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET A CITY-ST-					Change	☐ Addition	
indicatéd of the cor	Certify that the information supplied v l on this report or supplemental repor poration or the receiver or trustee en , or on an attachment with an addres	t is true and accurate and that r npowered to execute this report	ny signature as required	shall have the	same lega	al effect as if made under oa	ith; that I a	m an officer	r or director	