

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 17, 2002 8:00 am
Secretary of State

04-17-2002 90081 038 ***150.00

0324319 AV

DOCUMENT # P00000079223

1. Entity Name

EAST COAST AUTOMOTIVE DISTRIBUTORS, INC.

Principal Place of Business

Mailing Address

**1401 S.E. 15TH STREET #113
FORT LAUDERDALE FL 33316**

**1401 S.E. 15TH STREET #113
FORT LAUDERDALE FL 33316**

2. Principal Place of Business

3. Mailing Address

1401 SE 15TH ST

1401 SE 15TH ST

Suite, Apt. #, etc.

Suite, Apt. #, etc.

APT # 210

APT # 210

City & State

City & State

FT. LAUD

FL

FT. LAUD

FL

Zip

Country

Zip

Country

33316

U-S-A

33316

U-S-A

6. Name and Address of Current Registered Agent

4. FEI Number

65-1038224

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

DO NOT WRITE IN THIS SPACE



ROB VAN EPPS

**1401 S.E. 15TH STREET #113
FORT LAUDERDALE FL 33316**

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)

Robert Van Epps

4/6/02

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, 2002 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
ROB VAN EPPS
1401 S.E. 15TH STREET #113
FORT LAUDERDALE FL 33316** ☐ Delete

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

TITLE
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CITY-ST-ZIP ☐ Delete

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

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

Robert Van Epps

Date

4/6/02

Daytime Phone #

954 648 3715

CR2E034 (9/01)