

2002 UNIFORM BUSINESS REPORT (UBR)**FILED**
Jan 14, 2002 8:00 am
Secretary of State

01-14-2002 90059 017 ***150.00

DOCUMENT # P00000110395

1. Entity Name

EAST COAST PRINT SOURCE INC.

Principal Place of Business

**693 SAYBROOK STREET
PORT ORANGE FL 32127**

Mailing Address

**693 SAYBROOK STREET
PORT ORANGE FL 32127****80002533**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

4251 Spruce Creek Rd

3. Mailing Address

4251 Spruce Creek Rd

Suite, Apt. #, etc.

Bldg II Ste D

Suite, Apt. #, etc.

Bldg II Ste D

City & State

Port Orange, FL 32127

City & State

Port Orange, FL

4. FEI Number

59-3616779

Applied For

Not Applicable

Zip

32127

Country

Volusia

Zip

32127

Country

Volusia5. Certificate of Status Desired ☐**\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

**JAMES, MICHELLE
693 SAYBROOK STREET
PORT ORANGE FL 32127**

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, 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

TITLE	D	<input type="checkbox"/> Delete
NAME	JAMES, MICHELLE	
STREET ADDRESS	693 SAYBROOK STREET	
CITY-ST-ZIP	PORT ORANGE FL 32127	
TITLE	D	<input type="checkbox"/> Delete
NAME	JAMES, KENNETH	
STREET ADDRESS	693 SAYBROOK STREET	
CITY-ST-ZIP	PORT ORANGE FL 32127	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
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STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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:**Michelle James 1-7-02**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

(386) 788-1222

Daytime Phone #

CR2E034 (9/01)