

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 11, 2002 8:00 am
Secretary of State

05-22-2002 90103 035 ***150.00

DOCUMENT # P01000017171

1. Entity Name

EAST COAST PAINTING & VINYL GRAPHIX INC.

Principal Place of Business

**2504 EVERGREEN DR
 EDGEWATER FL 32141**

Mailing Address

**2504 EVERGREEN DR
 EDGEWATER FL 32141**

2. Principal Place of Business

1065 Ridgewood Ave

3. Mailing Address

Suite, Apt. #, etc.

Edgewater

City & State

FL

Zip

32141

Country

Volusia

Zip

Country

DO NOT WRITE IN THIS SPACE

59-3970562

4. FEI Number

59-39705622

Applied For

Not Applicable

5. Certificate of Status Desired

☐ **\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**HUNT, KERI B
 2616 QUEEN PALM DR
 EDGEWATER FL 32141**

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

is 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	DP	<input type="checkbox"/> Delete
NAME	NICASTRO, ALAN G	
STREET ADDRESS	2504 EVERGREEN DR	
CITY-ST-ZIP	EDGEWATER FL 32141	
TITLE	V	<input type="checkbox"/> Delete
NAME	NICASTRO, JASON A	
STREET ADDRESS	2504 EVERGREEN DR	
CITY-ST-ZIP	EDGEWATER FL 32141	
TITLE	ST	<input type="checkbox"/> Delete
NAME	NICASTRO, JOHANNA	
STREET ADDRESS	2504 EVERGREEN DR	
CITY-ST-ZIP	EDGEWATER FL 32141	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
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	
STREET ADDRESS	
CITY-ST-ZIP	
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NAME	
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:

Johanna Nicastro

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)