

FILED  
Jun 12, 2003 8:00 am  
Secretary of State

04-28-2003 90494 035 \*\*\*150.00

**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P01000018162

1. Entity Name  
EAST COAST WINDOW TINT INC.



Principal Place of Business  
POST OFFICE BOX 8021  
CORAL SPRINGS FL 33078

Mailing Address  
PO BOX 8021  
CORAL SPRINGS FL 33075

55047955

2. Principal Place of Business

3250 Coral Ridge Dr

Suite, Apt. #, etc.

3. Mailing Address

P.O. BOX 8021

Suite, Apt. #, etc.

City & State

Coral Springs FL

City & State

FL

4. FEI Number 11-3651370

Applied For  
Not Applicable

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

Zip 33065

Country USA

Zip 33065

Country USA

6. Name and Address of Current Registered Agent

RUTIZER, CARY  
14251 N RD  
LOXAHATCHEE FL 33470

7. Name and Address of New Registered Agent

Name *Cary Rutizer*  
Street Address (P.O. Box Number is Not Acceptable)

3250 Coral Ridge Dr  
City Coral Springs FL Zip Code 33065

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00  
After May 1, 2003 Fee will be \$550.00  
Make Check Payable to Florida Department of State

9. Election Campaign Financing  
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D  
NAME RUTIZER, CARY  
STREET ADDRESS 3270 B. ROAD  
CITY-ST-ZIP LOXAHATCHEE FL 33470

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *SIGNATURE REQUIRED*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/24/03 584-731-432

Date

Daytime Phone #

CR2E034 (10/02)