

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 20, 2003 8:00 am**  
**Secretary of State**

03-20-2003 90101 003 \*\*\*150.00

**DOCUMENT # P01000024395**

1. Entity Name  
**WILLIAM E. EASTMAN, INC.**



Principal Place of Business  
~~52 HARBOR LIGHT CT  
CHARLOTTE HARBOR RESORT  
BOKEELIA FL~~

Mailing Address  
~~PO BOX 332  
MATLOCHA FL 33993~~



2. Principal Place of Business

**721 Long Beach Ct**

3. Mailing Address

**721 Long Beach Ct**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**Punta Gorda FL**

City & State

**Punta Gorda FL**

Zip

**33950**

Country

**USA**

Zip

**33950**

Country

4. FEI Number

**65-1087195**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**EASTMAN, SALLY**

~~1451 MARAVILLA AVE~~

~~FT. MYERS FL 33901~~

**721 Long Beach Ct**

**Punta Gorda, FL 33950**

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. 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 **PD** ☐ Delete  
NAME **EASTMAN, WILLIAM E**  
STREET ADDRESS **1451 MARAVILLA AVE** **721 Long Beach Ct**  
CITY-ST-ZIP **FT. MYERS FL 33901** **Punta Gorda, FL 33950**

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

TITLE **STD** ☐ Delete  
NAME **EASTMAN, SALLY**  
STREET ADDRESS **1451 MARAVILLA AVE** **721 Long Beach Ct**  
CITY-ST-ZIP **FT. MYERS FL 33901** **Punta Gorda, FL 33950**

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

TITLE **D** ☐ Delete  
NAME **REINHART, KURT O**  
STREET ADDRESS **1621 BEL VUE**  
CITY-ST-ZIP **MISSOULA MT 59801**

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
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:

**WILLIAM E. EASTMAN**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3-18-03**

**(941) 575-9748**

Date

Daytime Phone #

CR2E034 (10/02)