

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000056455

1. Entity Name

EAST COAST GOLF BALL CORP

Principal Place of Business

2 SOUTH UNIVERSITY DR STE 215
PLANTATION FL 33324

Mailing Address

2 SOUTH UNIVERSITY DR STE 215
PLANTATION FL 33324

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

7737 HIGHLANDS CIRCLE

Suite, Apt. #, etc.

City & State

Zip

Country

City & State

MARGATE, FL

Zip

33063

Country

4. FEI Number

65-0681673

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BOUNASSI, DOUGLAS
7737 HIGHLANDS CIRCLE
MARGATE FL 33063

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 re/issuing)

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 PD
NAME BOUNASSI, DOUGLAS
STREET ADDRESS 2 SOUTH UNIVERSITY DR STE 215
CITY-ST-ZIP PLANTATION FL 33324 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD
NAME BOUNASSI, DOUGLAS
STREET ADDRESS 7737 HIGHLANDS CIRCLE
CITY-ST-ZIP MARGATE, FL. 33063 ☒ Change ☐ Addition

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

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

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

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

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

Date

Daytime Phone #

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

05-28-2002 90719 011 ***150.00

41203



DO NOT WRITE IN THIS SPACE

CR2E034 (9/01)