

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
May 09, 2003 8:00 am  
Secretary of State

05-09-2003 90143 016 \*\*\*150.00

DOCUMENT # P02000028584



1. Entity Name  
EASTERN COAST TOURS, INC.

Principal Place of Business  
364 NORTH AVENUE  
NEW ROCHELLE NY 10801

Mailing Address  
364 NORTH AVENUE  
NEW ROCHELLE NY 10801



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

01-0658140

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required

CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

A1A CORPORATE SERVICES INC.  
218 SOUTHERN COUNTRY LANE  
QUINCY FL 32351

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. 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  Delete  
NAME PD  
STREET ADDRESS HARRIS, RON  
CITY-ST-ZIP 364 NORTH AVENUE  
NEW ROCHELLE NY 10801

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  
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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:

*[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/11/03 914.576-3345  
Date Daytime Phone #

CR2E034 (10/02)

**JOSEPH G. SHANAHAN**

*Attachment*  
*#P02000028584*  
*801177135*

**FAX**

Phone 914-576-3245

**Memo**

**Fax 914-576-0186**

TO: FLORIDA DEPARTMENT OF STATE

WE TRIED FILING ONLINE BUT RAN INTO SOME DIFFICULTY.

PLEASE EXCUSE THE DELAY.

JOSEPH SHANAHAN

