

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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

08-20-2003 90049 036 \*\*\*150.00

0129355 AT

**DOCUMENT # P02000113511**

1. Entity Name  
**EAST COAST TREE COMPANY, INC.**



Principal Place of Business  
**915 18 AVE SW  
VERO BEACH FL 32962**

Mailing Address  
**915 18 AVE SW  
VERO BEACH FL 32962**

2. Principal Place of Business  
**815 10th S.W.**

3. Mailing Address  
**P.O. Box 651477**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State  
**Vero Beach FL**

City & State  
**Vero Beach FL**

4. FEI Number  
**05-0539354**

Applied For  
Not Applicable

Zip Country  
**32962 India River**

Zip Country  
**32965 India River**

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

**6. Name and Address of Current Registered Agent**

**FILINGS, INC.  
3732 N.W. 16TH STREET  
FT. LAUDERDALE FL 33311-4132**

**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 \$550.00**  
**After September 10, 2003 Fee will be \$750.00**  
**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 NAME STREET ADDRESS CITY-ST-ZIP	<b>PST GOMEZ, JEFFREY P.O. BOX 651477 VERO BEACH FL 32965</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V LAFOUNTAIN, LARRY 915 18 AVE SW VERO BEACH FL 32962</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**8-03 772-564-8914**  
Date Daytime Phone #

CR2E034 (4/03)

attachment

80139165  
~~#~~P02000113511

**East Coast Tree Co. Inc.**  
**P.O. Box 651477**  
**Vero Beach, FL 32965**  
**(772)564-8914 (772)473-2402**

Date: August 18, 2003

To: Florida Department of State

From: East Coast Tree Co. Inc.

Re: 2003 Uniform Business Report

Please find enclosed check for the original \$150.00 filing fee. This is the  
First notice we have received.

Thankyou,

  
Jeffrey Gomez