

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

1072
014: 33 AT

DOCUMENT # P02000118166

1. Entity Name
EAST COAST HOME SERVICES, INCORPORATED



03 SEP 10 PM 12:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
1635 SW BILTMORE ST
PORT SAINT LUCIE FL 34984

Mailing Address
P O BOX 213
JENSEN BEACH FL 34958



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

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

7. Name and Address of New Registered Agent

CHRISTOPHER, ROBERT
1301 SW EMPIRE ST
PORT SAINT LUCIE FL 34983

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

DP
CHRISTOPHER, ROBERT
1301 SW EMPIRE ST
PORT SAINT LUCIE FL 34983

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

500023521985
10/02/03--01081--031 **150.00

☐ Change ☐ Addition

TITLE
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☐ Change ☐ 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 fee empowered.

SIGNATURE: *Robert M. Christopher* **ROBERT M. CHRISTOPHER** 9-1-03 (772) 260-2565

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (4/03)

Attachment
PO2000118166

20

East Coast Home Services, Inc.

P.O. Box 213
Jensen Beach, FL 34958

8/30/03

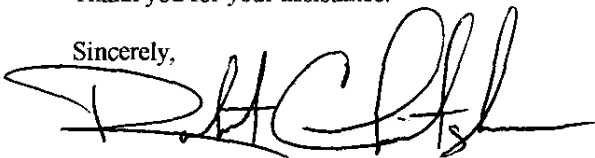
Division of Corporations
Uniform Business Report Filings
P.O. Box 1500
Tallahassee, FL 32302-1500

To Whom It May Concern:

I recently received my Uniform Business Report for filing on September 10, 2003 with a \$550.00 fee. I did not previously receive this report for filing. I would like you to waive the \$400.00 late fee for this reason. Enclosed you will find a check for the \$150.00 filing fee.

Thank you for your assistance.

Sincerely,



Robert Christopher
Director
East Coast Home Services, Inc.