

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 04, 2001 8:00 am
Secretary of State

05-04-2001 90166 023 ***150.00

C0060378

DO NOT WRITE IN THIS SPACE

DOCUMENT # P93000020670 1. Entity Name Eastern 100 Title Corporation ✓			
Principal Place of Business		Mailing Address	
2. Principal Place of Business 3540 Forest Hill Blvd Suite, Apt. #, etc. 203 City & State W Palm Beach FL Zip 33406 Country USA		3. Mailing Address 3540 Forest Hill Blvd Suite, Apt. #, etc. 203 City & State W Palm Beach FL Zip 33406 Country USA	
4. FEI Number 65-0416491		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____		Name <u>Deborah A. Dentry</u> Street Address (P.O. Box Number is Not Acceptable) <u>3540 Forest Hill Blvd # 203</u> City <u>West Palm Beach FL</u> Zip Code <u>33406</u>	
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 <u>Deborah A. Dentry</u> 4/25/01 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. <input type="checkbox"/> <small>(See criteria on back)</small>		FILE NOW!!! FEE IS \$150.00 After MAY 1, 2001 Fee will be \$550.00 Make Check Payable to Department of State	
10. Election Campaign Financing <input type="checkbox"/>		\$5.00 May Be Added to Fees	
11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
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
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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: <u>Linn D. Heaton</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Linn D. Heaton 4/25/01 501.433.4810 <small>Date Daytime Phone #</small>	

CR2E034 (11/00)