## **2001 UNIFORM BUSINESS REPORT (UBR)**

## Jan 29, 2001 8:00 am Secretary of State DOCUMENT # P93000040016 1. Entity Name EAST CHINA, INC. 01-29-2001 90026 032 \*\*\*150.00 Principal Place of Business Mailing Address 830 N WICKHAM ROAD 1221 ROLLING MEADOWS DRIVE MELBOURNE FL 32935 ROCKLEDGE FL 32955 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 59-3208659 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name ENG. REBECCA C Street Address (P.O. Box Number is Not Acceptable) 1860 S US ONE **ROCKLEDGE FL 32955** 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 reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing **\$5.00** May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 ☐ Addition TITLE ☐ Delete Change TITLE ENG, RAYMOND NAME NAME STREET ADDRESS STREET ADDRESS 1860 S US ONE CITY-ST-7IP **ROCKLEDGE FL 32955** CITY-ST-7IP STD TITLE ☐ Delete TITLE ☐ Change ☐ Addition ENG, REBECCA C NAME NAME STREET ADDRESS 1860 S US ONE STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP **ROCKLEDGE FL 32955** ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE ☐ Delete TITLE ☐ Change NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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 (

121-255-1525

FILED