

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 11, 2001 8:00 am
Secretary of State

04-11-2001 90043 045 ***150.00

DOCUMENT # P95000013421

1. Entity Name

EAST COAST CANVAS & AWNING, INC.

Principal Place of Business

Mailing Address

1751 COGSWELL STREET 4015 Pines Industrial Ave.
ROCKLEDGE FL 32955-3208
US

2. Principal Place of Business

4015 Pines Industrial Ave.
Suite, Apt. #, etc.

3. Mailing Address

Same
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Rockledge, Fla.

City & State

Same

4. FEI Number

59-3295330

Applied For

Not Applicable

Zip

32955

Country

USA

Zip

Same

Country

Same

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BERRY, CAROLYN
1751 COGSWELL STREET 4015 Pines Industrial Ave.
ROCKLEDGE FL 32955

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.

SIGNATURE

Carolyn D. Berry Carolyn D. Berry Pres.

4-6-2001

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

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
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☐ Delete
NAME **BERRY, CAROLYN**
STREET ADDRESS **1751 COGSWELL STREET 4015 Pines Industrial Ave.**
CITY-ST-ZIP **ROCKLEDGE FL**

TITLE **Vice Pres** ☐ Change ☒ Addition
NAME **John C. Berry**
STREET ADDRESS **4015 Pines Industrial Ave.**
CITY-ST-ZIP **Rockledge, FL 32955**

TITLE **DVP** ☐ Delete
NAME **BERRY, JOHN 4015 Pines Industrial Ave.**
STREET ADDRESS **1751 COGSWELL ST**
CITY-ST-ZIP **ROCKLEDGE FL**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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:

Carolyn D. Berry Carolyn D. Berry 4-6-2001 321-633-9997

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0084162

CR2E034 (10/00)