| 2000 | UNIFORM BUSI | NESS REPO | RT (UBF | R) FILED |
|---|--|---|--|---|
| DOCU | MENT # P950000 | 25137 | | Mar 31, 2000 8:00 a |
| 1. Entity Name EAST COAST ORNAMENTAL CARE, INC. | | | | Secretary of State |
| EAST U | UAST UNNAMENTAL CARE, P | | | 03-31-2000 90085 009 ***150.00 |
| Principal Plac | e of Business | Mailing Address | | |
| 4301 OAK CIRC | | 4301 OAK CIRCLE, SUITE 2 BOCA RATON FL 33432-582 | | |
| BOCA RATON | FL 33431 | 600A HATON FL 33432-362 | 3 | : |
| 2. Principal P | lace of Business | 3. Mailing Address | | |
| 301 W. CAMDNO & AROFAS 31.00 Suite, Apt. #, etc. | | 301 N. Camina Gordens Blud Suite, Apt. #, etc. | | |
| Ju:+ | -e 200 | Suite 20 | 0 | |
| City & Stat | | City & State | N, FL | 4. FEI Number 65-0582252 Applied Fo |
| Zip 336 | Country USA | Zip 33432 | Country USA | 5. Certificate of Status Desired Status Desired Status Desired Fee Required |
| | 6. Name and Address of Current | Registered Agent | Name | 7. Name and Address of New Registered Agent |
| GLEI | N, CAROL A | | 61 | Address (P.O. Box Number is Not Acceptable) |
| | OAK CIRCLE, SUITE 23 A RATON FL 33431 | | 301 | N. CAMENO GARDENS BLUD |
| 000 | | h | City | ite 200 ACA RATON FL Zip Code 32 |
| 8 The above | named entity submits this statement for | ne ourpose of changing its i | | oca RATON FL Zip Code 32432 |
| b. The above | | | | 2/ach - |
| SIGNATURE . | Signature, typed or printed name of registered agent a | Ind title if applicable. (NOTE: | Registered Agent signati | ture required whon reinstating) |
| | pration is eligible to satisfy its Intangible | | !! FEE IS \$150.0 | |
| | equirement and elects to do so. | After MAY 1, 200 Make Check Payabl | | 550.00 Trust Fund Contribution. |
| 11. | OFFICERS AND I | | 1 2. TITLE | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |
| TITLE NAME | GLEN, ANDREW | | NAME | Calito Andrew GALDENS BUD #200 |
| STREET ADDRESS CITY - ST - ZIP | 4301 OAK CIR. #23 BOCA RATON FL 33431 | | STREET ADDRESS CITY-ST-ZIP | |
| TITLE | VP | Delete | TITLE NAME | BOCA LA TON, FC, 33432 UP. D'Change Add BORN, ROBERT BOI W. CATINO GARDENS BLUD #200 BOGA RATON, EC, 33432 |
| NAME STREET ADDRESS | Born, Robert 4301 Oak Circle, Suite 23 | | STREET ADDRESS | 301 W. CAMINO GARDENS BLUD #200 |
| CITY-ST-ZIP TITLE | BOCA RATON FL 33431 | Delete | CITY-ST-ZIP | BOGA - KATON, F.C., 33432 |
| NAME | | | NAME | |
| STREET ADDRESS CITY - ST - ZIP | | | STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME | | Delete | TITLE | Change Add |
| STREET ADDRESS | | | STREET ADDRESS | |
| CITY-ST-ZIP TITLE | | Delete | TITLE | Change Add |
| NAME STREET ADDRESS | | | NAME STREET ADDRESS | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | |
| title Name | | Delete | TITLE NAME | Change Add |
| STREET ADDRESS | | 1 | STREET ADDRESS CITY - ST - ZIP | |
| CITY-ST-ZIP 13. hereby c | certify that the information supplied with | this fill does not qualify for | | 1 ated in Section 119.07(3)(i), Florida Statutes. I further certify that the informatic |
| indicated of the cor changed. | on this report or supplemental report is poration or the receiver or trustee empo or on an attachment with an address. v | yue and accurate and that m wered it execute this report a with all other like empowered. | iy signature shall h as required by Cha | ated in Section 119.07(3)(i), Florida Statutes. I further certify that the informatic have the same legal effect as if made under oath; that I am an officer or direct apter 607, Florida Statutes; and that my name appears in Block 11 or Block 1 |
| | | | - | 3/28/2000 (561/392-09) |
| SIGNAT | SIGNATURE AND TYPED OR P | RINTED NIME OF SIGNING OFFICER | OR DIRECTOR | Day Day Day Dayurne Phone # |
| · | the state of the second se | V | المحاصر فالمساهد المراك | ····· |