2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000025137

1. Entity Name

EAST COAST ORNAMENTAL CARE, INC.

FILED
May 16, 2001 8:00 am
Secretary of State

05-16-2001 90199 036 ***150.00

Principal Place of Business	Mailing Address
301 W CAMINO GARDENS BLVD STE 200 BOCA RATON FL 33432	301 W CAMINO GARDENS BLVD STE 200 BOCA RATON FL 33432

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	**3.** Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State

Zip	Country	Zip	Country

4. FEI Number **65-0582252**

Applied For / Not Applicable

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**

GLEN, ANDREW
301 W CAMINO GARDENS BLVD
STE 200
BOCA RATON FL 33432

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 _____

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 NAME: GLEN, ANDREW STREET ADDRESS: 301 W CAMINO GARDENS BLVD # 200 CITY-ST-ZIP: BOCA RATON FL 33432	☐ Delete	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	☐ Change ☐ Addition
TITLE: VP NAME: BORN, ROBERT STREET ADDRESS: 301 W CAMINO GARDENS BLVD # 200 CITY-ST-ZIP: BOCA RATON FL 33432	☐ Delete	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	☐ Change ☐ Addition
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CR2E034 (10/00)

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: X _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #