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2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 01, 2000 8:00 am
Secretary of State
05-08-2000 90121 034 ***150.00

DOCUMENT # P96000036143

1. Entity Name
East Coast Marketing Services, Inc.

Principal Place of Business / Mailing Address
1103 Hibiscus Blvd Suite #400
Melbourne, FL 32962

2. Principal Place of Business		3. Mailing Address	
2263 W. New Haven Ave.		2263 W. New Haven Ave	
Suite, Apt. #, etc. Suite #321		Suite, Apt. #, etc. Suite #321	
City & State W. Melbourne, FL		City & State W. Melbourne FL	
Zip 32904	Country USA	Zip 32904	Country USA

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0674715 ☐ 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
Tirico, Jeffrey	Name
2263 W New Haven Ave	Street Address (P.O. Box Number is Not Acceptable)
Suite #321	
W. Melbourne, FL 32904	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, 2000 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 / NAME / STREET ADDRESS / CITY-ST-ZIP	President / Jeffrey Tirico / 2263 W. New Haven Ave / W. Melbourne FL ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E034 (9/99)

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] Jeffrey Tirico, President 2-29-00 (407)726-1657
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #