

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000029410

1. Entity Name

EASTERN SPECIALTY PRODUCTS, INC.

FILED

Apr 24, 2000 8:00 am
Secretary of State

04-24-2000 90097 050 ***150.00

Principal Place of Business

Mailing Address

2477 STICKNEY PT RD
STE 117 B
SARASOTA FL 34231
US

2477 STICKNEY PT RD
STE 117 B
SARASOTA FL 34231-4092
US

2. Principal Place of Business

3. Mailing Address

2477 Stickney Pt Rd

Same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Ste # 117B

City & State
Sarasota, FL

City & State
Sarasota, FL

Zip
34231

Country
Sarasota

Zip
Country
Sarasota



DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0744827

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

DAVENPORT, TERRY M
2477 STICKNEY PT RD
STE 117B
SARASOTA FL 34231

New Address
MAY 6-00

Name TERRY M. DAVENPORT
Street Address (P.O. Box Number is Not Acceptable)

2250 Gulf Gate Dr Ste C
City SARASOTA FL Zip Code 34231

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 *Terry M Davenport*
Signature, typed or printed name of registered agent and title 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 D
NAME DAVENPORT, TERRY M
STREET ADDRESS 2477 STICKNEY PT RD., STE 117 B
CITY-ST-ZIP SARASOTA FL 34231 ☐ Delete

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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 OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)