

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

0171378 AV

DOCUMENT # P97000043037



1. Entity Name
EASTERN FINANCIAL FLORIDA SERVICES CORPORATION

FILED

03 JAN 30 AM 11:28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business
3700 LAKESIDE DRIVE
MIRAMAR FL 33027-225
US

Mailing Address
3700 LAKESIDE DRIVE
MIRAMAR FL 33027-225
US

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 65-0881472

Applied For

Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

VALE, ROBERT A
3700 LAKESIDE DRIVE
MIRAMAR FL 33027-3225

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE S ☐ Delete
NAME SMITH, KENDRICK
STREET ADDRESS 3700 LAKESIDE DRIVE
CITY-ST-ZIP MIRAMAR FL 33027-3225

TITLE ☐ Change ☐ Addition
NAME 000011408700
STREET ADDRESS 01/30/03--01087--001 **150.00
CITY-ST-ZIP

TITLE S ☐ Delete
NAME HERBERT, KENT T
STREET ADDRESS 3700 LAKESIDE DRIVE
CITY-ST-ZIP MIRAMAR FL 33027-3225

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

TITLE T ☐ Delete
NAME MCGILL, STEPHEN C
STREET ADDRESS 3700 LAKESIDE DRIVE
CITY-ST-ZIP MIRAMAR FL 33027-3225

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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TITLE ☐ Delete
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CITY-ST-ZIP

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Kendrick Smith
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/9/03 (954) 704-5206
Date Daytime Phone #

CR2E034 (10/02)