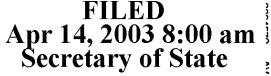
2003 FOR PROFIT CORPORATION

UNIFORM BUSINESS REPORT (UBR P98000008295 **DOCUMENT #** 1. Entity Name

EAST COAST FINANCIAL PARTNERS, INC.



04-14-2003 90762 035 ***150.00

| #219 DAVIE FL 33328 US 2. Principal Place of Business | | Mailing Address 4801 S UNIVERSITY DR #219 DAVIE FL 33328 US 3. Mailing Address | | |
|--|--|--|---|---|
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | CHECK HERE IF MAKING CHANGES |
| City & State | | City & State | | 4. FEI Number 65-0873494 Applied For Not Applicable |
| Zip | Country | Zip | Country | 5. Certificate of Status Desired \$8.75 Additional Fee Required |
| | 6. Name and Address of Cu | irrent Registered Agent | | 7. Name and Address of New Registered Agent |
| NEWTON, CAROL 4801 S UNIVERSITY DR | | | Name Street Addres | ss (P.O. Box Number is Not Acceptable) |
| SUITE 219 DAVIE FL | • | | City | FL Zip Code |
| the obligate | tions of registered agent. Signature, typed or printed name of registere | d agent and title if applicable. (NO | s registered office or regis TE: Registered Agent signature requ | stered agent, or both, in the State of Florida. I am familiar with, and accept 40800 DATE |
| 'Afte Make Checl | FILE NOW!!! FEE IS \$150.0 r May 1, 2003 Fee will be \$55 k Payable to Florida Departm | 60.00 ent of State | | 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PS OFFICERS NEWTON, CAROL 4801 S UNIVERSITY DR #2 DAVIE FL 33328 | S AND DIRECTORS Delete | 11. TITLE NAME STREET ADDRESS CITY-ST-ZIP | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | ☐ Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | ☐ Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | ` ☐ Change ☐ Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | ☐ Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | ☐ Change ☐ Addition |
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| TITLE NAME STREET ADDRESS | | ☐ Delete | TITLE NAME STREET ADDRESS | ☐ Change ☐ Addition |

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.

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

ZUNED SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR 4-08-03 934680-31/3