

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 21, 2003 8:00 am**  
**Secretary of State**

01-21-2003 90093 049 \*\*\*150.00

**DOCUMENT # P98000014693**



1. Entity Name  
**EASTERN SHORES CONSTRUCTION, INC.**

Principal Place of Business  
**1015 ATLANTIC BLVD., STE. 240  
ATLANTIC BEACH FL 32233**

Mailing Address  
**444 THIRD STREET  
NEPTUNE BEACH FL 32266**



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-3532037**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**LEINENWEBER, ROBERT R  
1015 ATLANTIC BLVD., STE. 240  
ATLANTIC BEACH FL 32233**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**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	DP	<input type="checkbox"/> Delete
NAME	LEINENWEBER, ROBERT R	
STREET ADDRESS	1015 ATLANTIC BLVD., STE. 240	
CITY-ST-ZIP	ATLANTIC BEACH FL 32233	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	LEINENWEBER, F. MICHAEL	
STREET ADDRESS	1015 ATLANTIC BLVD., STE. 240	
CITY-ST-ZIP	ATLANTIC BEACH FL 32233	
TITLE	S	<input type="checkbox"/> Delete
NAME	LEINENWEBER, LARA	
STREET ADDRESS	1015 ATLANTIC BLVD., STE. 240	
CITY-ST-ZIP	ATLANTIC BEACH FL 32233	
TITLE		<input type="checkbox"/> Delete
NAME		
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TITLE		<input type="checkbox"/> Delete
NAME		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: Robert L. Leinenweber President 1/17/03 904 545-7676  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)