2000 UNIFORM BUSINESS REPORT (UBR) FILED 9800043629 DOCUMENT # Apr 22, 2000 8:00 am 1. Entity Name Secretary of State East Coast Consulting, Inc. 04-22-2000 90050 016 ***158.75 Mailing Address Principal Place of Business 6030 150th Ave. N 6030 150th Ave. North Clearwater, Fl.33760 00000064 Clearwater, Fl. 33760 2. Principal Place of Business 3. Mailing Address 6030 150th Ave. North 6030_150th_Ave._North_ Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. #48 #48 Applied For 4. FEI Number City & State City & State Not Applicable Clearwater, Fl. Clearwater, Fl. \$8.75 Additional 5. Certificate of Status Desired 33760 Fee Required USA 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name Attorney Ken Dandar -Street-Address (P.O. Box-Number is Not Acceptable) = 5340 West Kennedy Blvd. Tampa, FL. 33609 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 (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees Make Check Payable to Department of State П (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. Addition TITLE ☐ Change p President Thomas K. McDonough TITLE Delete NAME NAME STREET ADDRESS STREET ADDRESS 6030 150th Ave. North CITY-ST-ZIP CITY-ST-ZIP Clearwater, Fl. 33760 ☐ Addition ☐ Change Delete TITLE TITLE Director NAME Thomas K. McDonough STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 6030 150th Ave. North Clearwater, Fl. 33760 ☐ Change Addition TITLE NAME STREET ADDRESS STREET AUDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ■ Addition ☐ Delete TITLE. NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Addition Change TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 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. 4/14/00 727-42/-5003 Date Dayline Phone # SIGNATURE: THOUTHE SND K FED ON PRINTED NAME OF SIGNII