

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 20, 2002 8:00 am**  
**Secretary of State**

05-20-2002 90070 004 \*\*\*158.75



DO NOT WRITE IN THIS SPACE

**DOCUMENT # P99000005980**

**1. Entity Name**  
**EAST COAST PRESSURE GROUTING, INC.**

**Principal Place of Business**  
**EAST COAST PRESSURE GROUTING, INC.**  
**775 TOMPKINS STREET**  
**MELBOURNE FL 32935**

**Mailing Address**  
**EAST COAST PRESSURE GROUTING, INC.**  
**775 TOMPKINS STREET**  
**MELBOURNE FL 32935**

**2. Principal Place of Business**  
**775 Tompkins St.**  
 Suite, Apt. #, etc.

**3. Mailing Address**  
**775 Tompkins St.**  
 Suite, Apt. #, etc.

**City & State**  
**Melbourne Florida**  
**Zip** 32935 **Country** U.S.A.

**City & State**  
**Melbourne Florida**  
**Zip** 32935 **Country** U.S.A.

**4. FEI Number** 59-3560943 **Applied For**  
 Not Applicable

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

**6. Name and Address of Current Registered Agent**  
**WOODBURY, JAMES**  
**775 TOMPKINS STREET**  
**MELBOURNE FL 32935**

**7. Name and Address of New Registered Agent**  
**Name** None  
**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.**

**SIGNATURE** \_\_\_\_\_ (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, 2002 Fee will be \$550.00**  
**Make Check Payable to Department of State**

**10. Election Campaign Financing** ☐ **\$5.00 May Be Added to Fees**  
 Trust Fund Contribution.

11. OFFICERS AND DIRECTORS	
TITLE	P <input type="checkbox"/> Delete
NAME	WOODBURY, JAMES
STREET ADDRESS	775 TOMPKINS STREET
CITY-ST-ZIP	MELBOURNE FL 32935
TITLE	VPT <input type="checkbox"/> Delete
NAME	WOODBURY, CHERYL
STREET ADDRESS	775 TOMPKINS STREET
CITY-ST-ZIP	MELBOURNE FL 32935
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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:** Cheryl Woodbury **4-28-02** **321-259-0493**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)