

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P990000006524

Entity Name

EAST HILL CD, INC.

FILED
Feb 07, 2002 8:00 am
Secretary of State

02-07-2002 90027 005 ***150.00

Principal Place of Business

Mailing Address

209 NORTH 12TH AVENUE
PENSACOLA FL 32503

2620 N 12th Ave

PENSACOLA FL 32503

00018373

Principal Place of Business

3. Mailing Address

City, Apt. #, etc.

2620 N. 12th Ave

City & State

Pensacola FL 32503



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3552125

Applied For

Not Applicable

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

SANDEORT, SCOTT
2509 NORTH 12TH AVENUE
PENSACOLA FL 32503

Name

Street

City

Bass and Sandfort Accountants
2620 N 12th Ave
Pensacola FL 32503

I, 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

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

(NOTE: Registered Agent signature required when reappointing)

DATE

Is this corporation 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, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

OFFICERS AND DIRECTORS

12.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

ADDRESS - ZIP	PSTD JONES, PAUL E 2509 NORTH 12TH AVENUE PENSACOLA FL 32503	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
ADDRESS - ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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ADDRESS - ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 disclosed 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

File, Attach, or Mail

1/16/02