

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 29, 2003 8:00 am
Secretary of State

01-29-2003 90180 045 ***150.00

DOCUMENT # P99000006524

1. Entity Name
EAST HILL CD, INC.



Principal Place of Business
**2509 NORTH 12TH AVENUE
PENSACOLA FL 32503**

Mailing Address
**2620 N. 12TH AVE
PENSACOLA FL 32503**

2. Principal Place of Business

3. Mailing Address

C/O BASS & SANDFORD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1301 W GARDEN ST

City & State

City & State

PENSACOLA FL

Zip

Country

Zip

Country

32501

4. FEI Number

59-3552125

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

**BASS AND SANDFORD ACCOUNTANTS
2620 N 12TH AVE
PENSACOLA FL 32503**

7. Name and Address of New Registered Agent

Name

BASS & SANDFORD Accountants PA

Street Address (P.O. Box Number is Not Acceptable)

1301 W GARDEN ST

PENSACOLA FL 32501

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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

TITLE ☐ Delete
NAME **PSTD**
STREET ADDRESS **JONES, PAUL E**
CITY-ST-ZIP **2509 NORTH 12TH AVENUE
PENSACOLA FL 32503**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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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:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ERIC JONES

9/29/03

Date

Daytime Phone #

850-432-1200

CR2E034 (10/02)