

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **9900037744**

1. Entity Name **EAST COAST STUDIOS INC.**

**FILED**  
**Jun 05, 2000 8:00 am**  
**Secretary of State**

06-05-2000 90049 043 \*\*\*150.00

Principal Place of Business  
**40 NEVINS COURT**  
**MERRITT ISLAND FL**  
**32953**

Mailing Address  
**616 IRONWOOD ST.**  
**MERRITT ISLAND FL**  
**32952**

**00060870**

2. Principal Place of Business  
Suite, Apt. #, etc.  
City & State  
Zip  
Country **USA**

3. Mailing Address  
Suite, Apt. #, etc.  
City & State  
Zip  
Country **USA**

DO NOT WRITE IN THIS SPACE

4. FEI Number **59-3579263**  
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**

**ANDREW MENYHART**  
**160 MCLEOD ST.**  
**MERRITT ISLAND FL 32953**

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.

SIGNATURE

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

(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, 2000 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**

**11. OFFICERS AND DIRECTORS**

TITLE <b>PRESIDENT</b>	<input type="checkbox"/> Delete
NAME <b>NICOLA STRATFORD</b>	
STREET ADDRESS <b>40 NEVINS COURT</b>	
CITY-ST-ZIP <b>MERRITT ISLAND FL 32953</b>	
TITLE <b>DIRECTOR</b>	<input type="checkbox"/> Delete
NAME <b>CRAIG LOPEZ</b>	
STREET ADDRESS <b>40 NEVINS COURT</b>	
CITY-ST-ZIP <b>MERRITT ISLAND FL 32953</b>	
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
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STREET ADDRESS	
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NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

CR2E034 (9/99)

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**CRAIG A. LOPEZ** **5-22-00** **407-953 7352**