

2002 UNIFORM BUSINESS REPORT (UBR)

0185750 AV

DOCUMENT # P99000056510

1. Entity Name
EAST COAST DOOR & WINDOWS, INC.

FILED

02 NOV 25 AM 9:54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business
4820 N.W. 22ND AVENUE
MIAMI FL 33142

Mailing Address
3899 NW 7TH
203
MIAMI FL 33126

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
20030 N.E. 21st Ave
Suite, Apt. #, etc.

City & State
North Miami Beach

Zip
33179

Country
U.S.A.

4. FEI Number 65-0928711
Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

JONES, ERNEST SR.
4820 N.W. 22ND AVENUE
MIAMI FL 33142

7. Name and Address of New Registered Agent

Name
Louis R. Smith

Street Address (P.O. Box Number is Not Acceptable)
20030 N.E. 21st Ave

City
North Miami Beach FL Zip Code
33179

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, 2002 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 NAME STREET ADDRESS CITY-ST-ZIP	PD JONES, ERNEST SR. 4820 NW 22ND AVE. MIAMI FL 33142	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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

09/13/02

Date

Daytime Phone #

CR2E034 (9/01)

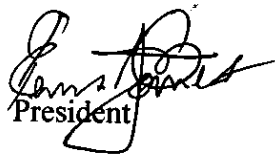
11/20/02

To: Division of Corporations
Subject: East Coast Doors & Windows Inc.
Annual Report 2002

~~As per various conversations with your department, the first report you sent was~~
received on September 4, 2002. It is not my fault this was received so late. The second
report was never received. I ask that you reinstate my corporation. You have already
cashed my check for the original fee of \$150.00

Sincerely yours,

Ernest Jones Sr.


President