

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 23, 2001 8:00 am
Secretary of State

04-23-2001 90053 035 ***150.00

0610751

DOCUMENT # P99000079530

1. Entity Name

EAST COAST APPRAISAL, INC.

525 ATLANTIC BOULEVARD

Principal Place of Business

Mailing Address

535-1 ATLANTIC BOULEVARD

535-1 ATLANTIC BOULEVARD

SUITE 1

SUITE 1

ATLANTIC BEACH FL 32233

ATLANTIC BEACH FL 32233

2. Principal Place of Business

525 ATLANTIC BLVD.

3. Mailing Address

525 ATLANTIC BLVD.

Suite, Apt. #, etc.

SUITE 1

Suite, Apt. #, etc.

SUITE 1

City & State

ATLANTIC BEACH FL

City & State

ATLANTIC BEACH FL

Zip

32233

Country

DUUM

Zip

32233

Country

DUUM

4. FEI Number

59-3512353

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SWINDELL, JOHN F
2103 9TH AVENUE NORTH 115 S. 10th Ave.
JACKSONVILLE BEACH FL 32250

7. Name and Address of New Registered Agent

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

4-18-01

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, 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

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Delete
NAME **SWINDELL, JOHN F**
STREET ADDRESS **2103 9TH AVENUE NORTH 115 S. 10th Ave.**
CITY-ST-ZIP **JACKSONVILLE BEACH FL 32250**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-18-01

Date

(904) 247-8200

Daytime Phone #

CR2E034 (10/00)