

# 2001 UNIFORM BUSINESS REPORT (UBR)

0053126

DOCUMENT # P99000097856

1. Entity Name

EAST 46, INC.

Principal Place of Business

3730 EAST STATE ROAD 46  
SANFORD FL 32771

Mailing Address

3730 EAST STATE ROAD 46  
SANFORD FL 32771

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

P.O. Box 1332

Suite, Apt. #, etc.

City & State

Sanford, FL

Zip

32771-1332

Country

SEMINOLE

6. Name and Address of Current Registered Agent

SPIEGEL & UTRERA, P.A.  
343 ALMERIA AVENUE  
CORAL GABLES FL 33134

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

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

|                |                         |                                 |
|----------------|-------------------------|---------------------------------|
| TITLE          | P                       | <input type="checkbox"/> Delete |
| NAME           | THOMPSON, DAVIE         |                                 |
| STREET ADDRESS | 3730 EAST STATE ROAD 46 |                                 |
| CITY-ST-ZIP    | SANFORD FL 32771        |                                 |
| TITLE          | V                       | <input type="checkbox"/> Delete |
| NAME           | WRIGHT, JOHN JR.        |                                 |
| STREET ADDRESS | 3730 EAST STATE ROAD 46 |                                 |
| CITY-ST-ZIP    | SANFORD FL 32771        |                                 |
| TITLE          | ST                      | <input type="checkbox"/> Delete |
| NAME           | JACKSON, EDDIE          |                                 |
| STREET ADDRESS | 3730 EAST STATE ROAD 46 |                                 |
| CITY-ST-ZIP    | SANFORD FL 32771        |                                 |
| TITLE          | D                       | <input type="checkbox"/> Delete |
| NAME           | COLYER, GAIRLY L        |                                 |
| STREET ADDRESS | 3730 EAST STATE ROAD 46 |                                 |
| CITY-ST-ZIP    | SANFORD FL 32771        |                                 |
| TITLE          | D                       | <input type="checkbox"/> Delete |
| NAME           | MOSLEY, FREDDIE         |                                 |
| STREET ADDRESS | 3730 EAST STATE ROAD 46 |                                 |
| CITY-ST-ZIP    | SANFORD FL 32771        |                                 |
| TITLE          | D                       | <input type="checkbox"/> Delete |
| NAME           | HOWELL, LEN C           |                                 |
| STREET ADDRESS | 3730 EAST STATE ROAD 46 |                                 |
| CITY-ST-ZIP    | SANFORD FL 32771        |                                 |

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

|                |   |
|----------------|---|
| TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           | 500004161535-7  |
| STREET ADDRESS | -05/08/01--01040--010   |
| CITY-ST-ZIP    | ****150.00 ****150.00   |
| 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 |
| NAME           |   |
| STREET ADDRESS |   |
| 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:

*Davie Thompson, President*

4/26/01

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED

01 APR 27 PM 4:45

SECRETARY OF STATE  
TALLAHASSEE FLORIDA



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3607840

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

CR2E034 (10/00)