

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

0090376  
AV

DOCUMENT # P99000097856

1. Entity Name  
EAST 46, INC.



FILED

03 APR 24 AM 11:31

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



Principal Place of Business  
3730 EAST STATE ROAD 46  
SANFORD FL 32771

Mailing Address  
P.O. BOX 1332  
SANFORD FL 32771-1332

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 59-3607840

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

7. Name and Address of New Registered Agent

SPIEGEL & UTRERA, P.A.  
1840 SOUTHWEST 22 ST.  
MIAMI FL 33145

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. I am familiar with, and accept the obligations of registered agent.

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P ☐ Delete  
NAME THOMPSON, DAVIE  
STREET ADDRESS 3730 EAST STATE ROAD 46  
CITY-ST-ZIP SANFORD FL 32771

TITLE ☐ Change ☐ Addition  
NAME ☐ Change ☐ Addition  
STREET ADDRESS 100018453111  
CITY-ST-ZIP 05/07/03--01062--029 \*\*\$150.00

TITLE V ☐ Delete  
NAME WRIGHT, JOHN JR.  
STREET ADDRESS 3730 EAST STATE ROAD 46  
CITY-ST-ZIP SANFORD FL 32771

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

TITLE ST ☐ Delete  
NAME JACKSON, EDDIE  
STREET ADDRESS 3730 EAST STATE ROAD 46  
CITY-ST-ZIP SANFORD FL 32771

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

TITLE D ☐ Delete  
NAME COLYER, GAIRLY L  
STREET ADDRESS 3730 EAST STATE ROAD 46  
CITY-ST-ZIP SANFORD FL 32771

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

TITLE D ☐ Delete  
NAME MOBLEY, FREDDIE  
STREET ADDRESS 3730 EAST STATE ROAD 46  
CITY-ST-ZIP SANFORD FL 32771

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

TITLE D ☐ Delete  
NAME HOWELL, LEN C  
STREET ADDRESS 3730 EAST STATE ROAD 46  
CITY-ST-ZIP SANFORD FL 32771

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

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: *DAVIE THOMPSON*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/19/03 407-321-0071  
Daytime Phone #

CR2E034 (10/02)