

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 02, 2002 8:00 am
Secretary of State

0091514

DOCUMENT # 810952

RECEIVED

1. Entity Name

EASTERN NATIONAL, CORPORATION

APR 10 2002

VP

05-02-2002 90033 037 ****61.25

Principal Place of Business

Mailing Address

**470 MARYLAND DRIVE
 SUITE 1
 FT. WASHINGTON PA 19034**

**470 MARYLAND DRIVE
 SUITE 1
 FT. WASHINGTON PA 19034**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

470 Maryland Drive
 Suite, Apt. #, etc. **Suite # 1**

470 Maryland Dr.
 Suite, Apt. #, etc. **Suite # 1**

City & State

City & State

FT. WASHINGTON

Fort Washington

4. FEI Number

23-1401703

Applied For
 Not Applicable

Zip

Country

Zip

Country

19034

19034

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

**PETERS, KAREN
 ENP & MA/CASTILLO DE SAN MARCOS
 1 SOUTH CASTILLO DRIVE
 ST. AUGUSTINE FL 32084**

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

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DICKENSON, RUSSELL E 4059 120TH AVE., SE BELLEVUE WA	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MOROZ, CHESLEY 470 MARYLAND DRIVE, SUITE 1 FT. WASHINGTON PA 19037	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D EVERHARDT, GARY 7 BROOK FOREST DRIVE, NW ARDEN NC 28704	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BRADFORD, MARY 9325 LONG BRANCH PKWY SILVER SPRING MD 20901	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C MINNUCCI, GEORGE J JR 612 WALNUT STREET LANSDALE PA	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SCHOBAR, JERRY L. 11723 ARBOROAK TERRACE ST. LOUIS MO	<input checked="" type="checkbox"/> Delete

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

CR2E037 (9/01)

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 617, 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:

[Signature]
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/12/02 215-283-6900 ACB
 Date Daytime Phone #