

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000006487

1. Entity Name

EC OVERSEAS INVESTMENTS, L.L.C.



FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

03 JAN 15 AM 9:53



☐ CHECK HERE IF MAKING CHANGES

Principal Place of Business

157 E NEW ENGLAND AVE.  
SUITE 402  
WINTER PARK FL 32789-4346

Mailing Address

825 JADESTONE CIR.  
ORLANDO FL 32828-8162

2. Principal Place of Business

1600 E. ROBINSON STREET

3. Mailing Address

1600 E. ROBINSON STREET

Suite, Apt. #, etc.

SUITE # 400

Suite, Apt. #, etc.

SUITE # 400

City & State

ORLANDO

City & State

ORLANDO

Zip

32803

Country

USA

Zip

32803

Country

USA

4. FEI Number 59-3650147

Applied For

Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

POHL & SHORT, P.A.  
280 WEST CANTON AVE.  
SUITE 410  
WINTER PARK FL 32790

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. 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 \$50.00

Make Check Payable to Florida Department of State  
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS

TITLE MGR  
NAME GUGNO, ESTEFANO CRISAFI  
STREET ADDRESS 825 JADESTONE CIR.  
CITY-ST-ZIP ORLANDO FL 32828 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

10. ADDITIONS/CHANGES

TITLE MGR  
NAME CRISAFI, ESTEFANO  
STREET ADDRESS 825 JADESTONE CIR.  
CITY-ST-ZIP ORLANDO, FL 32828 ☒ Change ☐ Addition

TITLE  
NAME 800010100758  
STREET ADDRESS 01/15/03--01008--018 \*\*50.00  
CITY-ST-ZIP ☐ Change ☐ Addition

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

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

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

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

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

*[Signature]* *[Signature]*

01/06/03

(407) 893-9983

01/06/03

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