

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 14, 2001 8:00 am
Secretary of State

03-14-2001 90005 030 ***150.00

DOCUMENT # P00000024105

1. Entity Name
ECLIPSE AUTO TINTING & ACCESSORIES INC.

Principal Place of Business Mailing Address
1406 PINE RIDGE ROAD **1406 PINE RIDGE ROAD**
NAPLES FL 34108 **NAPLES FL 34108**



2. Principal Place of Business 3. Mailing Address
4110 ENTERPRISE AVE #106 **106 4110 ENTERPRISE AVE #106**
 Suite, Apt. #, etc. Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State City & State 4. FEI Number Applied For
NAPLES, FL. **NAPLES, FL.** **59-3636490** Not Applicable
 Zip Country Zip Country 5. Certificate of Status Desired \$8.75 Additional
34104 **USA** **34104** **USA** Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PHILLIPS, CLIFFORD
2255 GREENBACK CIRCLE
NAPLES FL 34112

Name
 Street Address (P.O. Box Number is Not Acceptable)
2255 GREENBACK Cir. # 208
 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so. **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	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		NAME	CLIFFORD PHILLIPS
STREET ADDRESS		STREET ADDRESS	2255 GREENBACK Cir., #208
CITY-ST-ZIP		CITY-ST-ZIP	NAPLES, FL., 34112
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		NAME	CAROL PHILLIPS
STREET ADDRESS		STREET ADDRESS	2255 GREENBACK Cir., #208
CITY-ST-ZIP		CITY-ST-ZIP	NAPLES, FL., 34112
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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: Clifford Phillips Date: 3-1-01 Daytime Phone #: 941 262-4255
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/00)