## **2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)**

## P01000114763 **DOCUMENT #**

1. Entity Name

EC SOLUTIONS, INC.



Principal Place of Business 625 RACQUET CLUB ROAD #4 Mailing Address

625 RACQUET CLUB ROAD #4

WESTON FL 33326				WESTON FL 33326								
2. Principal Place of Business			3. Mai	3. Mailing Address				III	<b>#</b>    <b>   </b>			FIO 01160 (E4) E604
Suite, Apt. #, etc.			Suit	Suite, Apt. #, etc.				CHECK HERE IF MAKING CHANGES				
City & State			City	City & State				FEI Nui	nber NOT APPLIC	ABLE	$\longrightarrow$	Applied For Not Applicable
Zip		Country Zip Co			Coun	try	5.	5. Certificate of Status Desired \$8.75 Additional Fee Required				
6. Name and Address of Current Reg							7. Name and Address of New Registered Agent					
CONTRERAS, EFRAIN 625 RACQUET CLUB ROAD #4 WESTON FL 33326					<del>-</del>	Street Ac	Street Address (P.O. Box Number is Not Acceptable)					
						City				FL	Zip Co	ode
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					_				Election Campaign Fina Trust Fund Contribution.		☐ Add	.00 May Be led to Fees
10	1.	OFFICERS AND	DIRECTO		11.		A	DDITIOD	NS/CHANGES TO OFFIC	ERS AND		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CONTRER 625 RACQ WESTON I	AS, EFRAIN UET CLUB ROAD #4 FL 33326		□ Delete							Change	e '□ Addition
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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 nustee 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.

STREET ADDRESS

CITY-ST-ZIP

**SIGNATURE:** 

STREET ADDRESS

CITY-ST-ZIP

**FILED** 

04-09-2003 90149 024 \*\*\*150.00

Apr 09, 2003 8:00 am Secretary of State