

5/8/

2002 UNIFORM BUSINESS REPORT (UBR)

FILED

02 JUN 19 AM 9:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
00-034

DOCUMENT # **P97000045967**

1. Entity Name
ECS HOLDINGS, INC.

Principal Place of Business Mailing Address
1001 NES DAIRY ROAD, #206 1001 NES DAIRY ROAD, #206
NORTH MIAMI BEACH FL 33179 NORTH MIAMI BEACH FL 33179

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 **65-0752545** Applied For
Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

~~SCHILLINGER, JEFFREY P
1001 NES DAIRY ROAD, #206
NORTH MIAMI BEACH FL 33179~~

7. Name and Address of New Registered Agent

Name **CT Corporation System**
Street Address (P.O. Box Number is Not Acceptable)
**1200 South Pine Island Road
Plantation FL 33324**

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. (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After May 1, 2002 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

TITLE	VTD	<input type="checkbox"/> Delete
NAME	SCHILLINGER, JEFFREY	
STREET ADDRESS	1001 NES DAIRY ROAD, #206	
CITY-ST-ZIP	NORTH MIAMI BEACH FL 33179	
TITLE	PSD	<input type="checkbox"/> Delete
NAME	SCHILLINGER, DAVID	
STREET ADDRESS	1001 NES DAIRY ROAD, #206	
CITY-ST-ZIP	NORTH MIAMI BEACH FL 33179	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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: Jeffrey Schillinger
Signature, typed or printed name of signing officer or director

6/10/02
Date

Daytime Phone

CR2E034 (8/01)