

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 24, 2001 8:00 am
Secretary of State
 04-24-2001 90286 046 ***158.75

0348712

DOCUMENT # 416193

1. Entity Name

ECHRON HOMES, INC.

Principal Place of Business

CARDINAL EXECUTIVE OFFICES
7628 N 56TH ST. STE 8
TAMPA FL 33617
US

Mailing Address

CARDINAL EXECUTIVE OFFICES
7628 N 56TH ST. STE 8
TAMPA FL 33617
US

2. Principal Place of Business

16105 N. FLORIDA

Suite, Apt. #, etc.

SUITE A

City & State

LUTZ FL

Zip

33549

Country

3. Mailing Address

16105 N. FLORIDA

Suite, Apt. #, etc.

SUITE A

City & State

LUTZ FL

Zip

33549

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

58-1152291

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional Fee Required.

6. Name and Address of Current Registered Agent

SPIVEY, WILLIAM C.
C/O WISE PROPERTY MGMT., INC.
7628 N. 56TH ST., SUITE 2
TAMPA FL 33617

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

16105 N. FLORIDA

SUITE A

City

LUTZ

FL

Zip Code

33549

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

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, 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

TITLE **ST** ☐ Delete
 NAME **MILLER, THOMAS H.**
 STREET ADDRESS **610 N. SYLVAN DR.**
 CITY-ST-ZIP **BRANDON FL**

TITLE **P** ☐ Delete
 NAME **SPIVEY, WILLIAM C.**
 STREET ADDRESS **17530 EDINBURGH DR.**
 CITY-ST-ZIP **TAMPA FL**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☐ Change ☐ Addition
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 CITY-ST-ZIP

13. I hereby certify that the information supplied with this filing 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)