

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 575399

1. Entity Name

ENERGY CONTROL CONSULTANTS, INC.

FILED
May 07, 2002 8:00 am
Secretary of State

05-07-2002 90116 019 ***150.00

Principal Place of Business

5231 N.W. 33RD AVENUE
FT. LAUDERDALE FL 33309

Mailing Address

5231 N.W. 33RD AVENUE
FT. LAUDERDALE FL 33309

2. Principal Place of Business

5301 NW 35 Terrace

3. Mailing Address

5301 NW 35 Terrace

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Ft. lauderdale, FL

City & State

Ft. Lauderdale, FL

4. FEI Number

59-1882822

Applied For

Not Applicable

Zip

Country

Broward

Zip

Country

Broward

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

COBB, R. E.

5231 N.W. 33RD AVENUE

FT. LAUDERDALE FL 33309

Name

Combs, R.E.

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

5301 NW 35 Terrace

City

Ft. Lauderdale,

FL

Zip Code 33309

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)

04-18-02

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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD ☐ Delete
NAME COMBS, R.E.
STREET ADDRESS 2091 S.W. 52ND WAY
CITY-ST-ZIP PLANTATION FL

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

TITLE VD ☐ Delete
NAME COMBS, J. L.
STREET ADDRESS 2091 S.W. 52ND WAY
CITY-ST-ZIP PLANTATION FL

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

Signature

04-18-02

954-739-9400

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)