

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 12, 2001 8:00 am
Secretary of State

09-12-2001 90011 025 ***550.00

DOCUMENT # F00000007054

1. Entity Name
ECORP.COM, INC.

Principal Place of Business

**754 BRUCE AVENUE
 CLEARWATER FL 33767**

Mailing Address

**754 BRUCE AVENUE
 CLEARWATER FL 33767**

2. Principal Place of Business

13575 58th St. N.

3. Mailing Address

13575 58th St. N.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 125

Suite 125

City & State

City & State

Clearwater, FL

Clearwater, FL

Zip

Country

Zip

Country

33760

USA

33760

USA

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

AVIS, RICHARD T

1325 SNELL ISLE BLVD., STE 205C

ST PETERSBURG FL 33704

Name

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

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

09/07/01

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 \$550.00
After September 12, 2001 Fee will be \$750.00
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 **P** ☐ Delete
 NAME **BIANCHI, GEORGE J**
 STREET ADDRESS **4215 EAST BAY DR., #1505A**
 CITY-ST-ZIP **CLEARWATER FL**

TITLE ☒ Change ☐ Addition
 NAME **1550 S. Belcher Rd. #227**
 STREET ADDRESS **Clearwater, FL**
 CITY-ST-ZIP **33764**

TITLE **D** ☐ Delete
 NAME **SPORTSHWETZ, MARTIN**
 STREET ADDRESS **754 BRUCE AVENUE**
 CITY-ST-ZIP **CLEARWATER FL**

TITLE ☐ Change ☒ Addition
 NAME **33767**
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

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 REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

09/07/01

727 224 9919

Date

Daytime Phone #

CR2E034 (5/01)