

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 10, 2003 8:00 am
Secretary of State

03-10-2003 90768 002 ***158.75

DOCUMENT # F02000006040

1. Entity Name
ECI INC.



Principal Place of Business
**110 N. TAMPANIA AVE.
TAMPA FL 33609**

Mailing Address
**110 N. TAMPANIA AVE.
TAMPA FL 33609**

2. Principal Place of Business
5401 W. KENNEDY BLVD,

3. Mailing Address
5401 W. KENNEDY BLVD.

Suite, Apt. #, etc.
SUITE 131

Suite, Apt. #, etc.
SUITE 131

City & State
TAMPA, FL

City & State
TAMPA, FL

4. FEI Number
59-3411170

Applied For
☐ Not Applicable

Zip
33609

Country
USA

Zip
33609

Country
USA

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

FERNANDEZ, GISELLE A
~~**110 N. TAMPANIA AVE.**~~
~~**TAMPA FL 33609**~~

5401 W. KENNEDY BLVD.
SUITE 131
TAMPA, FL 33609

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. 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

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME **CVS**
STREET ADDRESS **FERNANDEZ, GISELLE A**
CITY-ST-ZIP ~~**110 N. TAMPANIA AVE.**~~ **5401 W. KENNEDY BLVD.**
~~**TAMPA FL 33609**~~ **TAMPA, FL 33609, #131**

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

TITLE ☐ Delete
NAME **VCPT**
STREET ADDRESS **MARTINSON, EUGENE W**
CITY-ST-ZIP ~~**110 N. TAMPANIA AVE.**~~ **5401 W KENNEDY BLVD.**
~~**TAMPA FL 33609**~~ **TAMPA, FL 33609 #131**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

12. 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 10 or Block 11 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

2/17/03

812-875-2155

CR2034 (10/02)