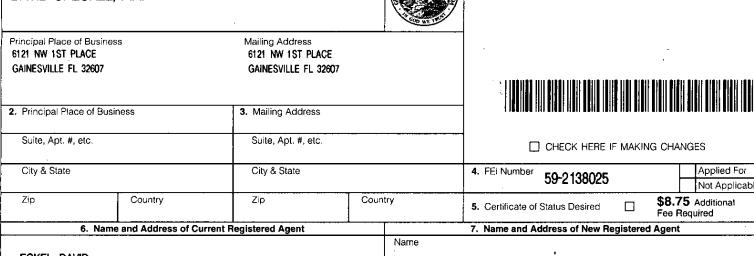
2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

F41092 **DOCUMENT#**

1. Entity Name

DAVID C. ECKEL, P.A.



F1LED
Feb 07, 2003 8:00 am
Secretary of State
02-07-2003 90041 019 ***150.00 **FILED**

2. Principal Place of Business			3. Mailing	3. Mailing Address				- 4 10011000 5151 BINDEY 15011 BBIND 105150 5501 BINDI					
Suite, Apt. #, etc.			Suite, A	Suite, Apt. #, etc.				☐ CHECK HERE IF MAKING CHANGES					
City & State			City & S	City & State				4. FEI Number 59-2138025				oplied For ot Applicable	
Zip	Country Zip				Country			5. Certificate of Status Desired Fee				ditional d	
6. Name and Address of Current Registered Agent						7. Name and Address of New Registered A					Agent		
ECKEL, DAVID						Name							
6121 N.W. 1ST PL.						Street Address (P.O. Box Number is Not Acceptable)							
	LLE FL 326	07		·									
							City FL Z				Zip Cod	е	
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 agen	t and title if applicab	ole. (NOTE: F	Registered	Agent signatu	re required when	reinstat	eting)	DATE		· · · · · ·	
After	May 1, 200	! FEE IS \$150.00 03 Fee will be \$550.00 o Florida Department o							Election Campaign Fina Trust Fund Contribution.			0 May Be	
10.	0. OFFICERS AND DIRECTORS					11,			IONS/CHANGES TO OFFIC	EBS AND	DIRECTOR	S IN 11	
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CITY-ST-ZIP GAINESVILLE, FL 00000				CITY									
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CITY-ST-ZIP		<u> </u>			CITY-	ST-ZIP							
12. I hereby condicated	ertify that the	e information supplied wit t or supplemental report i	h this filing does	es not qualify for the	ne exen signatu	nption stature shall he	ed in Section ave the same	119. e lega	.07(3)(i), Florida Statutes. I fi	urther cert th; that I a	ify that the ir m an officer	nformation or director	

of the corporation or the receiver or trustee empetered 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 an other like empowered.

SIGNATURE:

Date Daytime Phone #