

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F93420

1. Entity Name
D.M. ECKERT ENTERPRISES (FLORIDA), INC.

FILED
Sep 11, 2000 8:00 am
Secretary of State

09-11-2000 90008 034 ***550.00

Principal Place of Business
5130 BRITTANY DRIVE SO #904
ST. PETERSBURG FL 33715
US

Mailing Address
P.O. BOX 15038
ST. PETERSBURG FL 33733
US

80105495



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 34-6544917

Applied For
Not Applicable

Zip

Country

Zip

Country

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

ECKERT, ALAN D
5130 BRITTANY DR. SO. #904
ST PETERSBURG FL 33715

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 *Alan D Eckert*

(NOTE: Registered Agent signature required when reinstating)

DATE

8/31/00

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 13, 2000 Min. 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 PD
NAME ECKERT, ALAN D
STREET ADDRESS 5130 BRITTANY DRIVE SO #904
CITY-ST-ZIP ST. PETERSBURG FL ☐ Delete

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

TITLE VS
NAME HOHENBERGER, GARY L
STREET ADDRESS 20 LN 650 CA SNOW LAKE
CITY-ST-ZIP FREMONT IN ☐ Delete

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

TITLE T
NAME DANOV, V
STREET ADDRESS 5130 BRITTANY DRIVE SO #904
CITY-ST-ZIP ST. PETERSBURG FL 33715 ☐ Delete

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

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CITY-ST-ZIP ☐ Delete

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

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: *Alan D Eckert*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/31/00
Date

727-864-3608
Daytime Phone #

CR2E034 (5/00)