

2002 UNIFORM BUSINESS REPORT (UBR)

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

02-07-2002 90064 004 ***150.00

DOCUMENT # F94000004160

1. Entity Name
ECI SERVICES OF FLORIDA, INC.

Principal Place of Business
1929 ALLEN PARKWAY
10TH FLOOR
HOUSTON TX 77019
US

Mailing Address
P.O. BOX 130548
HOUSTON TX 77219-0548
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

75-2553035

Applied For

Not Applicable

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

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301

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

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 **BRANDENBURG, JOSEPH**
STREET ADDRESS **1929 ALLEN PARKWAY**
CITY-ST-ZIP **HOUSTON TX 77019**

TITLE **PD** ☒ Change ☐ Addition
NAME **MICHAEL USGLTON**
STREET ADDRESS **1929 ALLEN PARKWAY**
CITY-ST-ZIP **HOUSTON TX 77019**

TITLE **V** ☐ Delete
NAME **CLAIBORNE, TIMOTHY J**
STREET ADDRESS **1929 ALLEN PARKWAY**
CITY-ST-ZIP **HOUSTON TX 77019**

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

TITLE **V** ☐ Delete
NAME **BRIGGS, CURTIS**
STREET ADDRESS **1929 ALLEN PARKWAY**
CITY-ST-ZIP **HOUSTON TX 77019**

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

TITLE **SD** ☐ Delete
NAME **MARSHALL, JUDITH M**
STREET ADDRESS **1929 ALLEN PARKWAY**
CITY-ST-ZIP **HOUSTON TX 77019**

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

TITLE **T** ☐ Delete
NAME **LORING, HARRIS E III**
STREET ADDRESS **1929 ALLEN PKWY, 9TH FLOOR**
CITY-ST-ZIP **HOUSTON TX 77019**

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

TITLE **D** ☐ Delete
NAME **GARRETT, SUSAN L**
STREET ADDRESS **1929 ALLEN PARKWAY**
CITY-ST-ZIP **HOUSTON TX 77019**

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
HARRIS E. LORING III Treasurer

1/14/02 713-525-5141

Date

Daytime Phone #

CR2E034 (9/01)