

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 90978 010 ***150.00

DOCUMENT # F97000006269

1. Entity Name
ECI AGENCY, INC.



Principal Place of Business
1235 CAVENDER DRIVE
SUITE 200
HURST, TX 76053

Mailing Address
1235 CAVENDER DRIVE
SUITE 200
HURST, TX 76053

11021891



☒ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

517 N. Sylvania Ave.

Suite, Apt. #, etc.

3. Mailing Address

517 N. Sylvania Ave.

Suite, Apt. #, etc.

City & State

Fort Worth, TX

Zip

76111

Country

USA

City & State

Fort Worth, TX

Zip

76111

Country

USA

4. FEI Number

75-2727846

Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional

Fee Required

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324

7. Name and Address of New Registered Agent

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

TITLE ☐ Delete

NAME **PD**
STREET ADDRESS **LUCAS, JAMES N SR.**
CITY-ST-ZIP **1235 CAVENDER DRIVE**
HURST, TX 76053

TITLE ☐ Delete

NAME **ST**
STREET ADDRESS **LUCAS, JAMES N JR.**
CITY-ST-ZIP **1235 CAVENDER DRIVE**
HURST, TX 76053

TITLE ☐ Delete

NAME **V**
STREET ADDRESS **SPEIR, GREGORY M**
CITY-ST-ZIP **1235 CAVENDER DRIVE**
HURST, TX 76053

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

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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

4-14-03 817-222-1000

Date Daytime Phone #

James N. Lucas, Sr. President

CR2E034 (10/02)