

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 14, 2002 8:00 am
Secretary of State
 05-14-2002 90024 002 ***150.00

0315649 AV

DOCUMENT # G79147

1. Entity Name

ECONO-COMM, INC.

Principal Place of Business

**3710 NW 16TH ST
 LAUDERHILL FL 33311**

Mailing Address

**3710 NW 16TH ST
 LAUDERHILL FL 33311**

2. Principal Place of Business

3733 N.W. 16th Street

3. Mailing Address

3733 N.W. 16th Street

Suite, Apt. #, etc.

Ste B

Suite, Apt. #, etc.

Ste B

City & State

Lauderhill, FL

City & State

Lauderhill, FL

Zip

33311

Country

USA

Zip

33311

Country

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-2393461

Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

EICKSTAEDT, GARRY

**3710 NW 16 ST
 LAUDERHILL FL 33311**

7. Name and Address of New Registered Agent

Name **EICHSTEADT, GARY**

Street Address (P.O. Box Number is Not Acceptable) **3733 N.W. 16th Street**

Ste B

City **Lauderhill**

FL

Zip Code **33311**

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

GARY EICHSTEADT

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4/25/02

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

TITLE **P** ☐ Delete
 NAME **EICHSTEADT, GARY**
 STREET ADDRESS **5710 COCO PALM DRIVE**
 CITY-ST-ZIP **FORT LAUDERDALE FL 33319-6**

TITLE **D** ☐ Delete
 NAME **EICHSTEADT, ARLENE**
 STREET ADDRESS **1437 FLAMINGO RD**
 CITY-ST-ZIP **FT. MYERS FL**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
 NAME **EICHSTEADT, GARY**
 STREET ADDRESS **2180 N.E. 44th Court**
 CITY-ST-ZIP **Lighthouse Point, FL 33064**

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

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

TITLE ☐ Change ☐ Addition
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 CITY-ST-ZIP

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:

GARY EICHSTEADT
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-25-02
 Date

(954) 581-4960
 Daytime Phone #

CR2E034 (9/01)