2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

J85258 **DOCUMENT #**

1. Entity Name

APOKA FL 32703

ECHOLS ENTERPRISES, INC. OF ORLANDO



Principal Place of Business Mailing Address C/O STEVE JOWERS C/O STEVE JOWERS 2158 S. HWY 441

2158 S. HWY 441 **APOKA FL 32703**

2. Principal Place of Business	3. Mailing Address	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	
City & State	City & State	

FILED Feb 03, 2003 8:00 am **Secretary of State**

02-03-2003 90065 028 ***150.00

20013341



Principal Place of Business 3. Mailing Address											
Suite, Apt. #, etc. Suite, Apt. #, etc.			e, Apt. #, etc.				CHECK HERE IF MAKING CHANGES				
City & State City & State			& State				El Number 59-2827488			Applied For	
		0. I:	 			<u> </u>					Not Applicable
Zip Country		∠ip	Zip Cou		try	Certificate of Status Desired	\$8.75 Additional Fee Required				
	6. Name	and Address of Current	Registere	d Agent				lame and Address of New Rec		ent	
·		³ = , or 10 to 2 to 10		ميدها الأ		Name = -		مين و المستحدد و الما المستحدد			
JOWERS,	, steven ei	DWARD				Street Addre	ess (PO Bo	ox Number is Not Acceptable)			
2158 S H	IWY 441						305 (1.0.5	**			
SUITE 10)3		·								
APOPKA FL 32703					City			FL	Zip Co	ode	
8. The above	e named entity	submits this statement fo	r the purpo	ose of changing its	reaistere	ed office or rea	istered age	ent, or both, in the State of Florid		L miliar with	h, and accept
	tions of regist		,,		3	- 3		,,			
SIGNATURE .	-	or printed name of registered agent a	1.201.2								
	Signature, typed	or printed name of registered agent a	and title if appli	cable. (NOTE	: Registere	d Agent signature re	quired when rei	instating)	DATE		
		FEE-IS-\$150.00	- نوهد دهد پ	سيد ـ سيد				9. Election Campaign Finar	ncina	es-	.00 May Be
	• '	3 Fee will be \$550.00						Trust Fund Contribution.			ed to Fees
Make Checi	K Payable to	Florida Department of									
10.	1	OFFICERS AND	DIRECTOR	RS	11.		AD	DITIONS/CHANGES TO OFFIC			
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NAME .	CLOSE, TI				NAM	ſ					
STREET ADDRESS		3RD STREET				ET ADDRESS					
CITY-ST-ZIP	OKEECHO	REF LL			CHY	-ST-ZIP					
TITLE	P			☐ Delete	TITLE				ł	Change	e 🔲 Addition
NAME		STEVEN EDWARD			NAM	ET ADDRESS					
STREET ADDRESS		NY RR1, SUITE 103				ST-ZIP					
CITY-ST-ZIP	APOPKA F	L 32/03									
TITLE	S	OTE EN POWER	-	☐ Delete	TITLE			· = · · · · = · ·	L	Change	Addition
NAME STREET ADDRESS		STEVEN EDWARD NY 441, SUITE 103			NAMI	ET ADDRESS					
CITY-ST-ZIP	APOPKA F					ST-ZIP					
	AFOFICA	L 32103			-					¬ ch	Addition
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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:

Daytime Phone #