

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jul 24, 2001 8:00 am**  
**Secretary of State**

07-24-2001 90014 014 \*\*\*550.00

0079610 AV

**DOCUMENT # K50232**

1. Entity Name  
**ECOMETRY CORPORATION**

Principal Place of Business  
**1615 SOUTH CONGRESS AVE**  
**DELRAY BEACH FL 33445**  
**US**

Mailing Address  
**1615 SOUTH CONGRESS AVE**  
**DELRAY BEACH FL 33445**  
**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 **65-0090038**

Applied For  
 Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
 Fee Required

DO NOT WRITE IN THIS SPACE



## 6. Name and Address of Current Registered Agent

**SMITH, WILBURN W**  
**1615 SOUTH CONGRESS STREET**  
**DELRAY BEACH, FL 33445**

## 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.

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 \$550.00**  
**After September 12, 2001 Fee 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

TITLE **PD** ☒ Delete  
 NAME **SMITH, W. W.**  
 STREET ADDRESS **1223 HILLSBORO MILE, #2**  
 CITY-ST-ZIP **HILLSBORO, FL**

TITLE **VD** ☐ Delete  
 NAME **GARDNER, ALLAN J**  
 STREET ADDRESS **2994 SOUTH OCEAN BLVD.**  
 CITY-ST-ZIP **HIGHLAND BEACH FL**

TITLE **DPC** ☒ Delete  
 NAME **HEGNA, GARY G**  
 STREET ADDRESS **1615 SOUTH CONGRESS AVE**  
 CITY-ST-ZIP **DELRAY BEACH FL**

TITLE **VP** ☒ Delete  
 NAME **GARDNER, SHARON**  
 STREET ADDRESS **1615 SOUTH CONGRESS AVE**  
 CITY-ST-ZIP **DELRAY BEACH FL 33445**

TITLE **VP** ☐ Delete  
 NAME **SMITH, WILBURN W**  
 STREET ADDRESS **1615 CONGRESS AVE**  
 CITY-ST-ZIP **DELRAY BEACH FL 33445**

TITLE **VP** ☒ Delete  
 NAME **EDKIN, TIMOTHY**  
 STREET ADDRESS **1615 SOUTH CONGRESS AVE**  
 CITY-ST-ZIP **DELRAY BEACH FL**

## 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **COO & President** ☐ Change ☒ Addition  
 NAME **Marras, John**  
 STREET ADDRESS **1615 S. Congress Ave**  
 CITY-ST-ZIP **Delray Beach, FL 33445**

TITLE **CFO - VP FINANCE** ☐ Change ☒ Addition  
 NAME **Weinbaum, Martin K**  
 STREET ADDRESS **1615 S. Congress Ave**  
 CITY-ST-ZIP **Delray Beach, FL 33445**

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

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

TITLE ☐ Change ☐ Addition  
 NAME  
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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:

**Martin K Weinbaum**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

**7/16/01**  
 Daytime Phone # **561-265-2700**

CR2E034 (5/01)