

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 30, 2002 8:00 am
Secretary of State

05-30-2002 91595 033 ****55.00

DOCUMENT # **L00000011707**

1. Entity Name

E-COM SOLUTIONS, LLC

Principal Place of Business

**4946 LAND O LAKES BLVD., SUITE 1
 LAND O LAKES FL 34639**

Mailing Address

**4946 LAND O LAKES BLVD., SUITE 1
 LAND O LAKES FL 34639**

968267

001001

2. Principal Place of Business

2045 CHESAPEAKE DR.

3. Mailing Address

2045 CHESAPEAKE DR.

Suite, Apt. #, etc.

SUITE 2

Suite, Apt. #, etc.

SUITE 2

City & State

ODESSA FLORIDA

City & State

ODESSA FLORIDA

Zip

33556

Country

USA

Zip

33556

Country

USA

4. FEI Number

59-3671424

Applied For

Not Applicable

5. Certificate of Status Desired

☒

**\$5.00 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**JOHNSTON, DAVID A
 4946 LAND O LAKES BLVD., SUITE 1
 LAND O LAKES FL 34639**

7. Name and Address of New Registered Agent

Name
D. Johnston

Street Address (P.O. Box Number is Not Acceptable)

2045 CHESAPEAKE DR., Suite 2

City

ODESSA

FL

Zip Code

33556

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 **D. Johnston, Partner**

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

(NOTE: Registered Agent signature required when reinstating)

042302

DATE

**FILE NOW!!! FEE IS \$50.00
 Make Check Payable to Department of State
 Due By May 1, 2002**

9. MANAGING MEMBERS/MANAGERS

TITLE
MGR
 NAME
FORTNA JR, ALBERT ALBERT
 STREET ADDRESS
1325 CHESAPEAKE DR.
 CITY-ST-ZIP
ODESSA FL

☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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10.

ADDITIONS/CHANGES

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

☐ Change

☐ Addition

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 CITY-ST-ZIP

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☐ Addition

CR2E083 (9/01)

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: **D. Johnston, Partner**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

042302

DATE

813 9266468

Daytime Phone #