

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jun 10, 2002 8:00 am**  
**Secretary of State**

06-10-2002 90119 016 \*\*\*\*50.00

**DOCUMENT # L01000007194**

1. Entity Name  
**ECLATE, LLC**

Principal Place of Business  
**273 WATERS EDGE DRIVE**  
**PONTE VEDRA BEACH FL 32082**

Mailing Address  
**273 WATERS EDGE DRIVE**  
**PONTE VEDRA BEACH FL 32082**

2. Principal Place of Business  
**400 E. BAY STREET**

3. Mailing Address  
**400 E. BAY STREET**

Suite, Apt. #, etc.  
**APT 906**

Suite, Apt. #, etc.  
**APT # 906**

City & State  
**JACKSONVILLE, FL**

City & State  
**JACKSONVILLE, FL**

Zip  
**32202**

Country  
**USA**

Zip  
**32202**

Country  
**USA**

4. FEI Number  
**82-0541312**

Applied For  
☐ Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
 Fee Required

## 6. Name and Address of Current Registered Agent

**O'ROURKE, VINCENT B**  
**273 WATERS EDGE DRIVE**  
**PONTE VEDRA BEACH FL 32082**

## 7. Name and Address of New Registered Agent

Name  
**O'ROURKE, VINCENT B.**  
 Street Address (P.O. Box Number is Not Acceptable)  
**400 E. BAY STREET**  
**APT 906**  
 City  
**JACKSONVILLE** **FL** Zip Code  
**32202**

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

*Vincent B. O'Rourke* **VINCENT B. O'ROURKE**

**5/29/02**

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

(NOTE: Registered Agent signature required when reinstating)

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** ☐ Delete  
 NAME  
**O'ROURKE, VINCENT B**  
 STREET ADDRESS  
**273 WATERS EDGE DRIVE**  
 CITY-ST-ZIP  
**PONTE VEDRA BEACH FL 32082**

TITLE  
☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  
☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  
☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

## 10. ADDITIONS/CHANGES

TITLE  
**MGR** ☒ Change ☐ Addition  
 NAME  
**O'ROURKE, VINCENT B.**  
 STREET ADDRESS  
**400 E. BAY STREET APT 906**  
 CITY-ST-ZIP  
**JACKSONVILLE, FL 32202**

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

TITLE  
☐ Change ☐ Addition  
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 CITY-ST-ZIP

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:

*Vincent B. O'Rourke* **VINCENT B. O'ROURKE** **5/29/02** **904-354-6905**

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

Date

Daytime Phone #

CR2E083 (9/01)

0000367