

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 10, 2003 8:00 am**  
**Secretary of State**

02-10-2003 90104 027 \*\*\*\*50.00

**DOCUMENT # L02000009709**

1. Entity Name  
**ECM FINANCIAL SERVICES, LLC**



Principal Place of Business

**210 S. MOODY AVE., SUITE 4  
TAMPA FL 33609**

Mailing Address

**210 S. MOODY AVE., SUITE 4  
TAMPA FL 33609**



☒ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

**2202 N West Shore Blvd**

3. Mailing Address

**2202 N West Shore Blvd**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**Suite 203**

**Suite 203**

City & State

**Tampa FL**

City & State

**Tampa, FL**

4. FEI Number

**75-3069342**

Applied For

Not Applicable

Zip

**33607**

Country

**USA**

Zip

**33607**

Country

**USA**

5. Certificate of Status Desired ☐

**\$5.00 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BROOKS, JASON  
210 S. MOODY AVE., SUITE 4  
TAMPA FL 33609**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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 Florida Department of State  
Due By May 1, 2003**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGR  
BROOKS, JASON  
210 S. MOODY AVE., SUITE 4  
TAMPA FL 33609** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**2202 N Westshore Blvd # 203  
Tampa, FL 33607** ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGR  
TURNER, JAMES  
210 S. MOODY AVE., SUITE 4  
TAMPA FL 33609** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**2202 N Westshore Blvd # 203  
Tampa, FL 33607** ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
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CITY-ST-ZIP  
☐ Change ☐ Addition

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CITY-ST-ZIP  
☐ Change ☐ Addition

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:

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

**SIGNATURE REQUIRED**

**2/5/03**

Date

**813-639-7662**

Daytime Phone #

CR2E083 (10/02)