

# 2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED  
AND  
FILED

0005864 AF

DOCUMENT # L97000000628

1. Entity Name  
E-COTT CONSTRUCTION SERVICES, L.C.

00 MAR 27 AM 9:04

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

*rf 4/6*



DO NOT WRITE IN THIS SPACE

Principal Place of Business

222 CLEMATIS STREET, SUITE 207  
WEST PALM BEACH FL 33401

Mailing Address

222 CLEMATIS STREET, SUITE 207  
WEST PALM BEACH FL 33401-5505

2. Principal Place of Business

*100 S Olive Ave*

3. Mailing Address

*100 S Olive Ave*

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

*West Palm Beach, FL*

City & State

*West Palm Beach, FL*

4. FEI Number

65-0760450

Applied For

Not Applicable

Zip

*33401*

Country

*Palm Beach*

Zip

*33401*

Country

*Palm Beach*

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE FL 32301-2525

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

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Department of State**

9. MANAGING MEMBERS/MEMBERS

TITLE MGR  
NAME EACOTT, JAMES H  
STREET ADDRESS 30 TOBEY RD.  
CITY-ST-ZIP BLOOMFIELD CT 06002-3533 ☐ Delete

TITLE MGR  
NAME COTTER, TONY  
STREET ADDRESS 222 CLEMATIS ST., STE. 207  
CITY-ST-ZIP WEST PALM BEACH FL 33401 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

10. ADDITIONS/CHANGES

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☒ Change ☐ Addition  
*100 S. Olive Ave  
West Palm Beach FL 33407*

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition  
*3000003203213--5  
-04/11/00--01054--024  
\*\*\*\*\*50.00 \*\*\*\*\*50.00*

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

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

TITLE  
NAME  
STREET ADDRESS  
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 OR MANAGER

Date

Daytime Phone #

*Signature Required Tony Cotter*

*3/24/00*

*561-804-8662*

CR2E083 (9/99)