

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L98000003351

1. Entity Name
201 ECS ASSOCIATES, LLC

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 APR 15 PM 12:19

Principal Place of Business
201 E. CENTER ST.
TARPON SPRINGS FL 34689

Mailing Address
201 E. CENTER ST.
TARPON SPRINGS FL 34689



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number 59-3556494		Applied For	
Suite, Apt. #, etc.		Suite, Apt. #, etc.				Not Applicable	
City & State		City & State		5. Certificate of Status Desired ☐		\$5.00 Additional Fee Required	
Zip	Country	Zip	Country				

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

KOKOLAKIS, JOSEPH J
201 E. CENTER STREET
TARPON SPRINGS FL 34689

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		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM KOKOLAKIS, JOHN 103 BUENA VISTA DR. DUNEDIN FL 34698 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition 200004162022--8 -05/08/01--01059--023 *****550.00 *****50.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM KOKOLAKIS, PAGONA 103 BUENA VISTA DR. DUNEDIN FL 34698 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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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] 4/5/01 727 942-2211
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083 (11/00)