## 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L9800003351  1. Entity Name 201 ECS ASSOCIATES, LLC						SECRETARY OF STATE DIVISION OF CORPORATIONS  02 APR 24 PM 1: 23					
201 E. CENTER ST. 201		Mailing Address 201 E. CENTER ST. TARPON SPRINGS FL 344	_			02 APR 24 PF	1 1:23				
2. Principal Place of Business  3. Suite, Apt. #, etc.		3. Mailing Address	Mailing Address			DO NOT WRITE IN THIS SPACE					
		Suite, Apt. #, etc.									
City & State		City & State	City & State			4. FEI Number 59-3556494 Applied For Not Applicable					
Zip	Country	Zip	Country	É S	5. Certifi	cate of Status Desired		5.00 Add	ditional		
	6. Name and Address of Current	Registered Agent			7. Name	and Address of New			<u>.                                    </u>	₫`	
KOK	(OLAKIS, JOSEPH J			lame							
	E. CENTER STREET		S	Street Address (P.O. Box Number is Not Acceptable)							
TAR	PON SPRINGS FL 34689			,	·				•	1	
			C	City			FL	Zip Code	<del></del> э	1	
SIGNATURE	named entity submits this statement for stat	and title if applicable. (NOT	E: Registered Age	ent signature requir	red when reinstatir		lorida. DATE				
		Make Check Pa Du	ayable to D e By May								
9. TITLE	MANAGING MEMBE		10.			ADDITIONS	CHANGES	7.05	☐ Addition	<u>ا</u> :	
NAME STREET ADDRESS CITY-ST-ZIP	KOKOLAKIS, JOHN 103 BUENA VISTA DR. DUNEDIN FL 34698	☐ Delete	TITLE NAME Street al City-St-				l	_ Change	☐ Addition	0,00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM KOKOLAKIS, PAGONA 103 BUENA VISTA DR. DUNEDIN FL 34698	☐ Delete	TITLE NAME STREET AL CITY-ST-				[	_ Change	Addition	6	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET AL CITY-ST-			200005 -04/26 ****8	3582 3/02010 50.00 *	10000- 1060 ****51	-⊞-A∰iition. 17 0.00		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET AC CITY-ST-7				[	Change	☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET AC			, ,	[	☐ Change	Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET AD CITY-ST-2				)	Change	Addition		
indicated (	ertify that the information supplied with on this report is true and accurate and oility company or the receiver or trustee	that my signature shall have :	the same lea	al effect as if	made under	oath: that I am a mana	I further certify ging member o	that the in or manager	formation of the		

REQUIREDUN LOKOGAICIS 2/21/02 727 942-2211
Adding MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE
Date
Date
Devime Phone \*