

2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

DOCUMENT # L99000000447

i. Entity Name

EC Stock Group, L.L.C.

00 JUN -6 PM 1:54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

2. Principal Place of Business

2062 Blue View Ct

Suite, Apt. #, etc.

3. Mailing Address

2062 Blue View Ct

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Navarre FL

City & State

Navarre FL

4. FEI Number

59-3549320

Applied For

Not Applicable

Zip

32566

Country

US

Zip

32566

Country

US

5. Certificate of Status Desired

☒

\$5.00 Additional
Fee Required

8. Name and Address of Current Registered Agent

Pamela E. Ludwig
2062 Blue View Ct.
Navarre FL 32566

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

9. 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
NAME
STREET ADDRESS
CITY-ST-ZIP
Registered Agent
Pamela E. Ludwig MGRM
2062 Blue View Ct.
Navarre FL 32566 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Gary D. Poe MGRM
2062 Blue View Ct.
Navarre FL 32566 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Linda D. Edmondson MGRM
2406 Tall Pines Lane
Hillsborough, NC 27278 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Andrew J. Edmondson MGRM
220 Engert Road
Knoxville TN 37922 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Tim Welsh MGRM
875 Frogpond Rd
Hiawassee GA 30546 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

10.

ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
400003298054--8
-06/20/00--01095--004
*****55.00 *****55.00 ☐ Change ☐ Addition

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

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 #

Pamela Ludwig Pamela Ludwig 4/24/00 850-936-4065