

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 08, 2002 8:00 am
Secretary of State

0179492 AV

04-08-2002 90237 002 ***150.00

DOCUMENT # M82125
 1. Entity Name
ELECTRONIC CONSULTANTS AND APPRAISERS, INC.

Principal Place of Business % JAMES W. BRANGAN, JR. 7420 WILES ROAD CORAL SPRINGS FL 33067	Mailing Address % JAMES W. BRANGAN, JR. 7420 WILES ROAD CORAL SPRINGS FL 33067
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 10620 N. W. 39th ST. Suite, Apt. #, etc.	3. Mailing Address 10620 N. W. 39th ST. Suite, Apt. #, etc.
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City & State CORAL SPRINGS, FL	City & State CORAL SPRINGS, FL	4. FEI Number 65-0049957	Applied For Not Applicable
Zip 33065	Country U.S.A.	Zip 33065	Country U.S.A.

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

BRANGAN, W. JAMES JR.
7420 WILES ROAD
CORAL SPRINGS FL 33067

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

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After May 1, 2002 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BRANGAN, W. JAMES JR. 7420 WILES ROAD CORAL SPRINGS FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BRANGAN, MARCIA E. 7420 WILES ROAD CORAL SPRINGS FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BRANGAN, W. JAMES JR 10620 N. W. 39th ST. CORAL SPRINGS, FL 33065	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BRANGAN, MARCIA E. 10620 N. W. 39th ST CORAL SPRINGS, FL 33065	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. 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 or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE: W. James Brangan **1/31/02** **(954) 345-9544**
Signature and Typed or Printed Name of Signing Officer or Director Date Daytime Phone #

CR2E034 (9/01)