

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 13, 2000 8:00 am
Secretary of State

09-13-2000 90057 023 ***558.75

DOCUMENT # P00000000444

1. Entity Name
E-Z COCHE, INC.

Principal Place of Business

13850 STATE RD. 80. STE. II
 FT. MYERS FL 33903

Mailing Address

13850 STATE RD. 80. STE. II
 FT. MYERS FL 33903

ADD77431

2. Principal Place of Business

13850 STATE RD 80

Suite, Apt. #, etc. **11**

3. Mailing Address

13850 STATE RD 80

Suite, Apt. #, etc. **11**



DO NOT WRITE IN THIS SPACE

City & State

Fort Myers FL

City & State

Fort Myers FL 33905

4. FEI Number

65-0972246

Applied For

Not Applicable

Zip

33905

Country

FL-USA

Zip

33905

Country

FL-USA

5. Certificate of Status Desired

☒

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**REYNOLDS, A.B. JR.
 A.B. REYNOLDS ASSOCIATES
 801 W. LEELAND HEIGHTS BLVD.
 LEHIGH ACRES FL 33936**

7. Name and Address of New Registered Agent

Name **GUSTAVO ARISTIZABAL**

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

13850 PALM BEACH BLVD ST 11

City

Fort Myers

FL

Zip Code

33905

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

GUSTAVO ARISTIZABAL

08/31/00

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 \$550.00

**After SEPTEMBER 13, 2000 Min. will be \$750.00
 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	D	<input checked="" type="checkbox"/> Delete
NAME	REYNOLDS, A. BRIGHTON JR.	
STREET ADDRESS	801 W. LEELAND HEIGHTS BLVD.	
CITY-ST-ZIP	LEHIGH ACRES FL 33936	
TITLE	PRESIDENT	<input type="checkbox"/> Delete
NAME	GUSTAVO ARISTIZABAL	
STREET ADDRESS	13850 PALM BEACH BOULEVARD	
CITY-ST-ZIP	Fort Myers, FL, 33905	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

SIGNATURE OF OFFICER OR DIRECTOR

08/31/00

Date

(941) 6943561

Daytime Phone #

CR2E034 (5/00)