

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 17, 2002 8:00 am
Secretary of State

04-17-2002 90039 037 ***150.00

9875.00
A.V.

DOCUMENT # P00000010250

1. Entity Name
ECOLLECT, INC.

Principal Place of Business

**1009 S. BAY ST.
EUSTIS FL 32726**

Mailing Address

**1009 S. BAY ST.
EUSTIS FL 32726**

2. Principal Place of Business

141 MILL RUN DR

Suite, Apt. #, etc.

3. Mailing Address

P.O. BOX 951568

Suite, Apt. #, etc.

City & State

LAKE MARY FL

City & State

LAKE MARY FL

Zip

32746

Country

USA

Zip

32795-1568

Country

USA

4. FEI Number

59-3622337

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

**THOMAS, ROBERT L
1009 S. BAY ST.
EUSTIS FL 32726**

7. Name and Address of New Registered Agent

Name **LINDA ROBERTS**
Street Address (P.O. Box Number is Not Acceptable)
141 MILL RUN DR
City **LAKE MARY** FL Zip Code **32746**

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 *Linda Roberts*
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4/8/02
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 **PD** ☐ Delete
NAME **ROBERTS, LINDA**
STREET ADDRESS **141 MILL RUN DR.**
CITY-ST-ZIP **LAKE MARY FL 32746**

TITLE **STD** ☐ Delete
NAME **BUSCH, BRAD**
STREET ADDRESS **36748 SANDY LANE**
CITY-ST-ZIP **GRAND ISLAND FL 32735**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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CITY-ST-ZIP

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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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:

Linda Roberts
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/8/02
Date

407/302-7155
Daytime Phone #

CR2E034 (9/01)