## **2003 FOR PROFIT CORPORATION** UNIFORM BUSINESS REPORT (UBR)

## **DOCUMENT #**

P00000018125

1. Entity Name

ECS WEB, INC.



## **FILED** Feb 26, 2003 8:00 am Secretary of State 02-26-2003 90140 032 \*\*\*150.00

Principal Place of Business 13855 LANGLEY PL DAVIE FL 33325			Mailing Address 13855 LANGLEY PL DAVIE FL 33325								
Place of Busines		3. Mailing	Address	···	**						
Suite, Apt. #, etc.			Cuito Ant H. de				.,				
			Julie, Apt. #, etc.				CHECK HERE IF MAKING CHANGES				
City & State			City & State				FEI Number <b>65-0984791</b>			Applied For Not Applicable	
Zip Country		Zip	Zip Cour		ry	5. Certificate of Statu			8.75 Ad	dditional	
6. Name and Address of Current Registered Agent					·	7. 1					
					Name				,		
TELLER, STUART A ESQ				Street Address (			PO Box Number is Not Acceptable)				
	IITE 216						To the total and				
33314											
					City			FL	Zip Cod		
named entity su	bmits this statement	for the purpose	of changing its	registered	d office or registere	ed ag	ent, or both, in the State of Florid	ia. I am fa	 miliar with	, and accept	
ions or registerer	agent.										
Signature, typed or pr	nted name of registered age	int and title if applicable	. (NOTE	E: Registered	Agent signature required	when re	sinstating)	DATE			
May 1, 2003 F	ee will be \$550.00	of State	160				Election Campaign Finar Trust Fund Contribution.	icing		00 May Be d to Fees	
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ertify that the info on this report or s oration or the red or on an attachm	rmation supplied wit upplemental report i eiver or trusted emp ent with an aggress,	h this filing does s true and accur owered to execu with all other like	not qualify for t ate and that my ite this report a empowered.	the exemp y signature s required	ition stated in Sect shall have the sa by Chapter 607, F	ion 1 me le lorida	19.07(3)(i), Florida Statutes. I fur gal effect as if made under oath a Statutes; and that my name ap	ther certify that I am pears in B	that the in an officer lock 10 or	nformation or director Block 11 if	
	EY PL 325  Place of Business #, etc.  te  6. Name an  STUART A ESC FFIN ROAD SL 33314  named entity su ions of registered Signature, typed or pn ILE NOW!!! F May 1, 2003 F Payable to Fic  PSTD SCHWARTZ, I 13855 LANGL DAVIE FL 333	Place of Business  #, etc.  te  Country  6. Name and Address of Curre  STUART A ESQ FFIN ROAD SUITE 216  33314  named entity submits this statement ions of registered agent.  Signature, typed or printed name of registered age  ILE NOW!!! FEE IS \$150.00  May 1, 2003 Fee will be \$550.00  Payable to Florida Department  OFFICERS AN  PSTD  SCHWARTZ, ETHAN  13855 LANGLEY PL  DAVIE FL 33325	EY PL  325  DAVIE FL  Place of Business  3. Mailing  #, etc.  City & S  Country  Zip  6. Name and Address of Current Registered A  STUART A ESO FFIN ROAD SUITE 216  33314  In named entity submits this statement for the purpose ions of registered agent.  Signature, typed or printed name of registered agent and title if applicable library in the control of the purpose ions of Payable to Florida Department of State  OFFICERS AND DIRECTORS  PSTD  SCHWARTZ, ETHAN  13855 LANGLEY PL  DAVIE FL 33325	EY PL 235 LANGLEY PL DAVIE FL 33325  Place of Business   3. Mailing Address   4, etc.   Suite, Apt. #, etc.    The Country   Zip   Country   Zip    6. Name and Address of Current Registered Agent    STUART A ESQ    FFIN ROAD SUITE 216    33314    Inamed entity submits this statement for the purpose of changing its ions of registered agent.    Inamed or registered agent    Inamed or protect name of registered agent and title if applicable.    INDITIONAL    Signature, typed or printed name of registered agent and title if applicable.    INDITIONAL    Signature, typed or printed name of registered agent and title if applicable.    Signature, typed or printed name of registered agent and title if applicable.    Signature, typed or printed name of registered agent and title if applicable.    Signature, typed or printed name of registered agent and title if applicable.    Signature, typed or printed name of registered agent and title if applicable.    Delete    Delete	Place of Business  3. Mailing Address  #, etc.  Suite, Apt. #, etc.  Example Country  Silver Agent  Country  STUART A ESO  FIN ROAD SUITE 216  33314  Separature, typed or printed name of registered agent and tide if applicable.  Separature, typed or printed name of registered agent and tide if applicable.  OFFICERS AND DIRECTORS  PSTD  SCHWARTZ, ETHAN  13855 LANGLEY PL  DAVIE FL 33325  Delete  TITLE  NAME  STREET  CITY-S  CITY-	## etc.    Suite, Apt. #, etc.	## 13855 LANGLEY PL DAVIE FL 33325  Place of Business  3. Mailing Address ##, etc.  Suite, Apt. #, etc.  Cry & State  Country  Zip  Country  5. 6. Name and Address of Current Registered Agent  Name  STUART A ESO FFIN ROAD SUITE 216 33314  City  Inamed entity submits this statement for the purpose of changing its registered office or registered agent cons of registered agent.  NoTE: Registered Agent signature required agent and stor if applicable.  NOTE: Registered Agent signature required agent and stor if applicable.  NOTE: Registered Agent signature required agent and stor if applicable.  NOTE: Registered Agent signature required agent and stor if applicable.  NOTE: Registered Agent signature required agent and stor if applicable.  NOTE: Registered Agent signature required agent and stor if applicable.  NOTE: Registered Agent signature required agent and stor if applicable.  NOTE: Registered Agent signature required agent and stor if applicable.  NOTE: Registered Agent signature required agent and stor if applicable.  NOTE: Registered Agent signature required agent and stor if applicable.  NOTE: Registered Agent signature required agent and stor if applicable.  NOTE: Registered Agent signature required agent and stor if applicable.  NOTE: Registered Agent signature required agent and stor if applicable.  NOTE: Registered Agent signature required agent and stor if applicable.  NOTE: Registered Agent signature required agent and stor if applicable.  NOTE: Registered Agent signature required agent and stor if applicable.  NOTE: Registered Agent signature required agent and stor if applicable.  NOTE: Registered Agent signature required agent and stor if applicable.  NOTE: Registered Agent signature required agent and stor if applicable.  NOTE: Registered Agent signature required agent and stor if applicable.  NOTE: Registered Agent signature required agent and stor if applicable.  NOTE: Registered Agent signature required agent and stor if applicable.  NOTE: Registered Agent signature required agent and stor if a	Truce of Business  3. Mailing Address  Files of Business  3. Mailing Address  Suite. Apt. #, etc.   Check HERE is Country   Co	Fig. 1385 LANGLEY PL. DAVE FL 33325    Pace of Business   3. Mailing Address	Page of Business 3. Mairing Address 4. Fee Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent 7. Name and Address of	

SIGNATURE: