

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

FILED
May 24, 2002 8:00 am
Secretary of State

05-24-2002 91331 045 ***150.00

DOCUMENT # P0000024792
1. Entity Name
E CENTRAL CORP.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 11350 66th Street North		3. Mailing Address 11350 66th Street North	
Suite, Apt. #, etc. Suite #120		Suite, Apt. #, etc. Suite #120	
City & State Largo, FL		City & State Largo, FL	
Zip 33773	Country USA	Zip 33773	Country USA

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3633361	Applied For <input type="checkbox"/>	Not Applicable <input checked="" type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name Kimberly Phillips-Haikara
Street Address (P.O. Box Number is Not Acceptable) 11350 66th Street North
Suite #117
City Largo FL Zip Code 33773

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 *Kimberly Phillips-Haikara* **Kimberly Phillips-Haikara** **4/8/02**
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) <input checked="" type="checkbox"/>	January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PDTS Pfundt, Norman L. 11350 66th Street North Suite #120 Largo, FL 33773	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP Larry Reynolds 11350 66th Street North Suite #120 Largo, FL 33773	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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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 on an attachment with an address with all other like empowered.

SIGNATURE: *Norman L. Pfundt* **Norman L. Pfundt** **4/08/02** **(727) 548-7726**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #.

CR2E034B (12/01)