

**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 # P00000024792

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

DO NOT WRITE IN THIS SPACE

Zip
33773

Country
USA

Zip
33773

Country
USA

4. FEI Number

59-3633361

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

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**

**DO NOT WRITE
IN THIS SPACE**

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) ☒

**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.** ☐

**\$5.00 May Be
Added to Fees**

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
VP
Larry Reynolds
11350 66th Street North
Suite #120
Largo, FL 33773

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**DO NOT WRITE
IN THIS SPACE**

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)