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

## **DOCUMENT #**

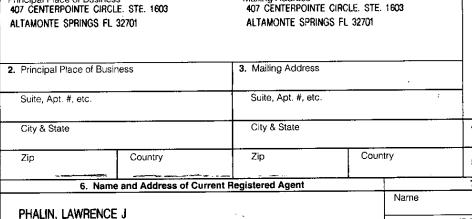
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**FILED** Feb 11, 2003 8:00 am Secretary of State

02-11-2003 90065 019 \*\*\*150.00

| ECROCKET, INC.              |                 |  |
|-----------------------------|-----------------|--|
| Principal Place of Business | Mailing Address |  |



| ALTAMONTE C                                      | FRINGS TE 32701  | ALTRINOITE OF TRACE   | 10 02/01   |  |                                   |  |
|--|--|-----------------------|--|--|-----------------------------------|--|
| . Principal Place of Business 3. Mailing Address |  |                       | .  | 00100 (4)01 (1610 1100) ytaan 1911 labi                |                                   |  |
| Suite, Apt. #, etc.                              |  | Suite, Apt. #, etc.   | ŧ  | ☐ CHECK HERE IF MAKING CHANGES                         |                                   |  |
| City & State                                     |  | City & State          |  | 4. FEI Number 59-3638393                               | Applied For<br>Not Applicable     |  |
| Zip  | Country  | Zip                   | Country  | 5. Certificate of Status Desired                       | \$8.75 Additional<br>Fee Required |  |
|  | 6. Name and Address of Cur   | rent Registered Agent |  | 7. Name and Address of New Registe                     | ered Agent                        |  |
|  | <u></u>  |                       | Name   |  |                                   |  |
| PHALIN, LAWRENCE J                               |  | Stroot Addr           | Street Address (P.O. Box Number is Not Acceptable) |  |                                   |  |
| 225 EAST   | ROBINSON ST., STE. 600   | •                     | Street Addit                                       | Street Address (F.O. Box Number is Not Acceptable)     |                                   |  |
| LANDMAR  | K CENTER II  | :                     |  |  |                                   |  |
| ORLANDO  | FL 32801   |                       | City   |  | Zip Code                          |  |
| V  | 0_00   |                       | City   |  | FL Zip Code                       |  |
| Afte   | Signature, typed or printed name of registered  ILE NOW!!! FEE IS \$150.00  r May 1, 2003 Fee will be \$550  c Payable to Florida Departme | 0.00                  | NOTE: Registered Agent signature re                | 9. Election Campaign Financin Trust Fund Contribution. | g \$5.00 May Be Added to Fees     |  |
| 10.  | OFFICERS   | AND DIRECTORS         | 11.  | ADDITIONS/CHANGES TO OFFICERS                          | S AND DIRECTORS IN 11             |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | PSD<br>DOUGLAS, BOBBY<br>407 CENTERPOINTE CIRCLE<br>ALTAMONTE SPRINGS FL 3:  |                       | TITLE NAME STREET ADDRESS CITY-ST-ZIP              |  | ☐ Change ☐ Addition               |  |
| NAME<br>STREET ADDRESS<br>CITY-ST-ZIP            |  | ☐ Delete              | TITLE NAME STREET ADDRESS CITY-ST-ZIP              |  | ☐ Change ☐ Addition               |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP            |  | ☐ Delete              | TITLE NAME STREET ADDRESS CITY-ST-ZIP              |  | ☐ Change ☐ Addition               |  |
| TITLE  |  | ☐ Delete              | TITLE<br>NAME                                      | - 1  | ☐ Change ☐ Addition               |  |

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: