

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 21, 2001 8:00 am
Secretary of State

06-21-2001 90002 044 ***150.00

C0072056

DO NOT WRITE IN THIS SPACE

DOCUMENT # P00000044082
1. Entity Name
 E-com consulting, inc (CA)

Principal Place of Business
 PO Box 811236
 Boca Raton, FL 33481

Mailing Address
 PO Box 811236
 Boca Raton, FL 33481

2. Principal Place of Business
 17053 Newport club dr
 Suite, Apt. #, etc.

3. Mailing Address
 PO Box 811236
 Suite, Apt. #, etc.

City & State
 Boca Raton FL

City & State
 Boca Raton Florida

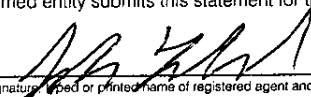
4. FEI Number
 65-1064528

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent
 Name: Joshua Lloyd
 Street Address (P.O. Box Number is Not Acceptable): PO Box 811236 - 17053 Newport Club Drive
 City: Boca Raton FL Zip Code: 33496

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:  DATE: 4-26-2001

Signature: Typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. **FILE NOW!!! FEE IS \$150.00 After MAY 1, 2001 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			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	P-S-d	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Joshua Lloyd		NAME		
STREET ADDRESS	PO Box 811236		STREET ADDRESS		
CITY-ST-ZIP	Boca Raton, FL 33481		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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CITY-ST-ZIP			CITY-ST-ZIP		
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NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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:  **4-30-2001** **561-870-8883**

Signature and Typed or Printed Name of Signing Officer or Director Date Daytime Phone #

CR2E034 (11/00)