


2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

0133004 AT

DOCUMENT # P00000044682

1. Entity Name
E-COM CONSULTING, INC.



FILED
03 OCT 16 AM 8:28
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
**17053 NEWPORT CLUB DR
BOCA RATON FL 33496**

Mailing Address
**P.O. BOX 811236
BOCA RATON FL 33481**

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State

Zip Country Zip Country

4. FEI Number **65-1004528**

Applied For
 Not Applicable

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



REINSTATEMENT
 CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**LLOYD, JOSHUA
17053 NEWPORT CLUB DRIVE
BOCA RATON FL 33496**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$550.00
After September 10, 2003 Fee will be \$750.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
PSD	LLOYD, JOSHUA	P.O. BOX 811236	BOCA RATON FL 33481	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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: _____ **SIGNATURE REQUIRED** **10/14/2003** **561 870 8883**

Signature and typed or printed name of signing officer or director Date Daytime Phone #

CP2E034 (4/03)