

# 2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 30, 2001 8:00 am  
Secretary of State

04-30-2001 90069 027 \*\*\*150.00

DOCUMENT # P00000053056

1. Entity Name

ECO BUILDING SERVICES, INC.

Principal Place of Business

388 SHARWOOD DR  
NAPLES FL 34110

Mailing Address

388 SHARWOOD DR  
NAPLES FL 34110

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

58-2552862

Applied For

Not Applicable

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

CRISTANTELO, EDWARD  
388 SHARWOOD DR  
NAPLES FL 34110

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.

SIGNATURE

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)



**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	D	<input type="checkbox"/> Delete
NAME	CRISTANTELO, ANGELA	
STREET ADDRESS	388 SHARWOOD DR	
CITY-ST-ZIP	NAPLES FL 34110	
TITLE	D	<input type="checkbox"/> Delete
NAME	CRISTANTELO, EDWARD	
STREET ADDRESS	388 SHARWOOD DR	
CITY-ST-ZIP	NAPLES FL 34110	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	Vice PRES	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CRISTANTELO, ANGELA	
STREET ADDRESS	388 SHARWOOD DR	
CITY-ST-ZIP	NAPLES FL 34110	
TITLE	PRES.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EDWARD CRISTANTELO	
STREET ADDRESS	388 SHARWOOD DR.	
CITY-ST-ZIP	NAPLES FL 34110	
TITLE	DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SCOTT HANNIGAN	
STREET ADDRESS	815 - 98th AVE N.	
CITY-ST-ZIP	NAPLES FL 34109	
TITLE	DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MICHAEL CRISTANTELO	
STREET ADDRESS	388 SHARWOOD DR.	
CITY-ST-ZIP	NAPLES FL 34110	
TITLE	DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ROBERT POSE	
STREET ADDRESS	219 JOHNNYCAKE DR.	
CITY-ST-ZIP	NAPLES FL 34110	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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:

Edward Cristantello

Date

4-20-01

Daytime Phone #

941-5974731

CR2E034 (10/00)