

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 15, 2003 8:00 am
Secretary of State

01-15-2003 90315 003 ***150.00

DOCUMENT # P00000055685

1. Entity Name
ROBERT ECKARD CONSULTING, INC.



Principal Place of Business
**1606 LAGO VISTA BLVD.
PALM HARBOR FL 34685**

Mailing Address
**1606 LAGO VISTA BLVD.
PALM HARBOR FL 34685**

20008448



2. Principal Place of Business
1846 KINSMEIRE DR.

3. Mailing Address
1846 KINSMEIRE DR.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

☒ CHECK HERE IF MAKING CHANGES

City & State
NEW PORT RICHEY, FL

City & State
NEW PORT RICHEY

4. FEI Number **59-3650742**

Applied For
Not Applicable

Zip
34655

Country
U.S.A.

Zip
34655

Country
U.S.A.

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

**ECKARD, ROBERT D
1606 LAGO VISTA BLVD.
PALM HARBOR FL 34685**

Name

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

1846 KINSMEIRE DR.

City

NEW PORT RICHEY

FL

Zip Code
34655

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

1/13/03

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PD
ECKARD, ROBERT D
1606 LAGO VISTA BLVD.
PALM HARBOR FL 34685** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**1846 KINSMEIRE DR.
NEW PORT RICHEY, FL 34655** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**S
ECKARD, ROBYN
86 FURNACE STREET
LITTLE FALLS NY 13365** ☐ 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
NAME
STREET ADDRESS
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
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/13/03

Date

727-376-9464

Daytime Phone #

CR2E034 (10/02)