## **2002 UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT #

P00000080590

1. Entity Name

E-COLLATERAL, INC.

Principal Place of Business 13257 TANGERINE BLVD. W. PALM BEACH FL 33412

2. Principal Place of Business

Zip

Mailing Address

3. Mailing Address

13257 TANGERINE BLVD.

W. PALM BEACH FL 33412

DO NOT WRITE IN THIS SPACE

Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State 4. FEI Number

Zip

Country

5. Certificate of Status Desired

65-1060251

6. Name and Address of Current Registered Agent

Country

REYNOLDS, JOHN D. 1279 LAKE WORTH LANE NORTH PALM BEACH FL 33408

8. The above named entity submits this statement for the purpose changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature, typed or printed name of regis

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, 2002 Fee will be \$550.00

(NOTE: Registered Agent signature required when reinstating)

10. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State (Sea criteria on back) 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 Delete TITLE TITLE 🕅 Addition REYNOLDS, JOHN D NAME cott Mullins 1279 LAKE WORTH LANE 13257 Tangerine Blud STREET ADDRESS STREET ADDRESS CITY-ST-ZIP NORTH PALM BEACH FL 33408 CITY-ST-ZIP West Palm Boach, FL 33412 ST ☐ Delete TITLE 🔀 Change ☐ Addition Jean A Chase CHASE, JEAN A NAME 13257 Tangerine Blud 13257 TANGERINE BLVD. STREET ADDRESS STREET ADDRESS CITY-ST-ZIF WEST PALM BEACH FL 33412 CITY-ST-ZIP West Palm Brach FL 33412 TITLE ☐ Delete TITLE Dichael Dorrion 340 East 55th; Apt 12F Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP NewYork, NY 10022 TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF

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.

STREET ADDRESS

CITY-ST-ZIP

TITLE

SIGNATURE:

TITLE

NAME STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

☐ Delete

561.791.8085

Change

☐ Addition

Date

CR2E034 (9/01