## **2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR**

D 0 01			
DOCL	JME	NΙ	#

P00000080590

1. Entity Name

E-COLLATERAL, INC.



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

12335 76th Suite, Apt. #, etc.

Mailing Address

13257 TANGERINE BLVD. W. PALM BEACH FL 33412

2. Principal Place of Business_	3. Mailing Address
12 20 = 21 th Day 120	Lance TITO Poop IN

Suite, Apt. #, etc.

**FILED** Apr 21, 2003 8:00 am Secretary of State

04-21-2003 90478 033 \*\*\*150.00

11003368



☐ CHECK HERE IF MAKING CHANGES

City & Stat	DAJ-100	BEACH, FZ	City & State WEST Pun	Ben	n E/		4. FE	65-1060251		<u> </u>	oplied For ot Applicable
334		Country	Zip	Cour	try		5 Ce	ertificate of Status Desired		\$8.75 Add	
334		PALM OCH	33412		BEA	CH				Fee Require	d
•••	- 6. Nan	ne and Address of Current F	tegistered Agent ==	<u> </u>	- 7: Name and Address of New Registered Agent						
					Name						
MULLINS,					Street A	ddress (F	P.O. Box	x Number is Not Acceptable	 e)		
- <del>13257 TAI</del>	NGERINE	BLVD			Street Address (P.O. Box Number is Not Acceptable)						
WEST-PAI	<del>M Beach</del>	I FL 33412									
					City	- 0		.0		Zip Code	e_
A 71			N		WES			BEACH		<u>- 334</u>	
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									<u>·</u> }		
	Signature, typi	ed or printed name of registered agent ar	nd title if applicable. (N	IOTE: Registere	d Agent signat	ure required	when reins	stating)	DAT	ΪĒ	
F	ILE NOW	!!! FEE IS \$150.00						0 Finaling Committee Fi		<b>AF 0</b>	
Afte	r May 1, 2	003 Fee will be \$550.00						<ol><li>Election Campaign Fit Trust Fund Contribution</li></ol>	_		O May Be to Fees
Make Check	k Payable	to Florida Department of	State					Trast Faria Contribute	.,		10.003
10.		OFFICERS AND D	IRECTORS	11.			ADD	ITIONS/CHANGES TO OFF	ICERS A	ND DIRECTORS	S IN 11
TITLE	PD		☐ Delete	TITLE	Ε					Change	☐ Addition
NAME .	MULLINS			NAM		_		-1+hD 1	٠.	-	
STREET ADDRESS		NGERINE BLVD			ET ADDRESS			76th ROAD L			
CITY-ST-ZIP	WEST PA	LM BEACH FL 33412		CITY	-ST-ZIP	WE	1 P	ALM BEACH,	tc.	33412	
TITLE	STD		☐ Delete	TITLE						Change	☐ Addition
NAME	CHASE,			NAM			_	- 1 44. The same	1.14		
STREET ADDRESS		INGERINE BLVD.			ET ADDRESS	(23)	35 ,	76th ROAD ALM BEACH,	Μ.	7 7 1112	1
CITY-ST-ZIP		LM BEACH FL 33412			-ST-ZIP	$\omega_{E}$	5T P	ALM BEACH,	<u> </u>		
TITLE	D		Delete	TITLE			•	4 * <u>-</u>	-	Change	Addition (
NAME		I, MICHAEL		NAM							į
STREET ADORESS CITY-ST-ZIP		TH APT 12F			ET ADDRESS - ST- ZIP						
	NEW TO	RK NY 10022									
TITLE NAME			☐ Delete	TITLE						☐ Change	☐ Addition
STREET ADDRESS					ET ADDRESS						
CITY-ST-ZIP					-ST-ZIP						Į
TITLE			□ Delete	TITLE						Change	Addition
NAME			Delete	NAMI						☐ Change	Addition
STREET ADDRESS					- Et address			•			
CITY-ST-ZIP					-ST-ZIP						
TITLE			□ Delete	TITLE						☐ Change	☐ Addition
NAME				NAMI							
STREET ADDRESS				STRE	ET ADORESS .						
CITY-ST-ZIP		•		CITY	-ST-ZIP						
12. I hereby o	ertify that t	he information supplied with the	his filing does not qualify	for the exer	mption stat	ed in Sec	tion 11	9.07(3)(i), Florida Statutes.			formation

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