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

## **DOCUMENT #**

P00000089023

1. Entity Name

**ECGP CORPORATION** 



Principal Place of Business

Mailing Address

**FILED** Mar 27, 2003 8:00 am Secretary of State

03-27-2003 90105 042 \*\*\*150.00

Suite, Apt. #, otc.    City & State		<b> </b>					LAS CASAS RD A RATON FL 33486			O S. 57 AVENUE EENACRES FL 33463	
City & State  Stephens, ESTHER  1801 LAS CASAS RD  BOCA RATON FL 33486  City  City  City  City  City  City  City  FL  6. The above named antity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am fan the obligations of registered agent.  SIGNATURE  FILE NOW!!! FEE IS \$150.00  After May 1, 2003 Fee will be \$550.00  Make Check Payable to Florida Department of State  10. OFFICERS AND DIRECTORS  TITLE  MINE  STEPHENS, ESTERH  STEPHENS, ESTERH  TITLE  NAME  STEPHENS, ESTERH  STEPHENS, ESTERH  TITLE  NAME  STEPHENS, ESTERH  TITLE  NAME  STEPHENS, ESTERH  STEPHENS, ESTERH  TITLE  NAME  STEPHENG, ESTERH  TITLE  Delete  TITLE  NAME  STEPHENG, ESTERH  TITLE  STEPHENG, ESTERH  TITLE  STEPHENG, ESTERH  TITLE					2. Principal Place of Business 3. Mailing Address						
Zip Country Zip Country 5. Certificate of Status Desired Status Desired Service S	☐ CHECK HERE IF MAKING CHANGES				e, Apt. #, etc.	Suit	Suite, Apt. #, etc.				
6. Name and Address of Current Registered Agent  7. Name and Address of New Registered Agent  STEPHENS, ESTHER 1801 LAS CASAS RD BOCA RATON FL 33486  City  City  FL  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 fan the obligations of registered agent.  SIGNATURE  FILE NOW!!! FEE IS \$150.00  After May 1, 2003 Fee will be \$550.00  Make Check Payable to Florida Department of State  OFFICERS AND DIRECTORS  TITLE  NAME SITEPHENS, ESTERH 1801 LAS CASAS RD BOCA RATON FL 33486  TITLE  OPEICE STEPHENS, ESTERH 1801 LAS CASAS RD BOCA RATON FL 33486  TITLE  OPEICE STEPHENS, ESTERH 1801 LAS CASAS RD BOCA RATON FL 33486  TITLE  OPEICE STEPHENS, ESTERH 1801 LAS CASAS RD BOCA RATON FL 33486  TITLE  OPEICE  OPEICE STEPHENS, ESTERH 1801 LAS CASAS RD BOCA RATON FL 33486  TITLE  OPEICE  OPEICE STEPHENS, ESTERH 1801 LAS CASAS RD BOCA RATON FL 33486  TITLE  OPEICE  OPEI	4. FEI Number 65-1040658 Applied For Not Applied For			4.	City & State			City & State			
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STEPHENS, ESTHER 1801 LAS CASAS RD BOCA RATON FL 33486  City FL  C	Registered Agent	red Agent	ew Registered Age	. Name and Address of New Re	7.		ed Agent	rrent Registere	and Address of Cur	6. Name	
BOCA RATON FL 33486  City FL  6. 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 fan the obligations of registered agent.  SIGNATURE  FILE NOW!!! FEE IS \$150.00	s (P.O. Box Number is Not Acceptable)			ddress (P.O. i							
B. 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 fan the obligations of registered agent.  SIGNATURE    Signature, typed or printed name of registered agent and litre if applicable   (NOTE Pengstered Agent signature required when rendstating)   DATE											
SIGNATURE   Signature. hyped or printed name of registered agent and the it applicable. (NOTE: Registered Agent signature required when renstating)   Page 1	FL Zi	FL Zip Code	FL			City			486	UCA HATUN FL 33	BUCA H
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State  10 OFFICERS AND DIRECTORS  ITTLE MAME STEPHENS, ESTERH 1801 LAS CASAS RD BOCA RATON FL 33486  ITTLE MAME SIREET ADDRESS CITY-ST-ZIP  ITTLE MAME STREET ADDRESS CITY-ST-ZIP  I	orida. I am familia	am familiar with, and acce	of Florida. I am fam	agent, or both, in the State of Flor	r registered aç	egistered office or	ose of changing its r	ent for the purp		he obligations of regist	the obliga
After May 1, 2003 Fee will be \$550.00  Make Check Payable to Florida Department of State  10. OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS  11. ADDITIONS/CHANGES TO OFFICE	DATE	ATE	DATE	en reinstating)	ure required when I	Registered Agent signati	olicable. (NOTE:	I agent and title if app	or printed name of registered a	NATURE	SIGNATURE
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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: