

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 91801 032 ***150.00

0502773 AV

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1. Entity Name
ECLECTIC EMPORIUM TWO, INC.



Principal Place of Business
**1522 DEL CREST
LAKELAND FL 33803**

Mailing Address
**1522 DEL CREST
LAKELAND FL 33803**

2. Principal Place of Business

101 East Kennedy Blvd
Suite, Apt. #, etc.
Suite 1250

3. Mailing Address

101 East Kennedy Blvd.
Suite, Apt. #, etc.
Suite 1250

City & State

Tampa FL

City & State

Tampa FL

Zip

33602

Country

USA

Zip

33602

Country

USA

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number

59-3706309

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

FISH, ALAN C
100 NORTH TAMPA ST., STE. 2010
TAMPA FL 33802

7. Name and Address of New Registered Agent

Name

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

101 EAST KENNEDY BLVD, STE 1250

~~TAMPA, FL 33602~~

City **TAMPA**

FL

Zip Code

33602

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

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

TITLE **D** ☐ Delete
NAME **BADCOCK, MARY R**
STREET ADDRESS **1255 DEL CREST**
CITY-ST-ZIP **LAKELAND FL 33803**

TITLE ☐ Delete
NAME **Fisk Alan C**
STREET ADDRESS **101 EAST KENNEDY BLVD STE 1250**
CITY-ST-ZIP **TAMPA FL 33602**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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 REQUIRED

4/30/03

813-223-1316

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)