

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 29, 2002 8:00 am**  
**Secretary of State**

01-29-2002 90035 011 \*\*\*158.75

**DOCUMENT # P01000005182**

1. Entity Name  
**ECNR FT. MYERS, INC.**

Principal Place of Business  
**15660 SAN CARLOS BLVD #32**  
**FT MYERS FL 33908**

Mailing Address  
**15660 SAN CARLOS BLVD #32**  
**FT MYERS FL 33908**

2. Principal Place of Business  
**15736 Beachcomber Ave**  
 Suite, Apt. #, etc.

3. Mailing Address  
**15736 Beachcomber Ave**  
 Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State  
**FT. Myers FL**  
 Zip  
**33908**

Country  
**Lee**

City & State  
**FT. Myers FL**  
 Zip  
**33908**

Country  
**Lee**

4. FEI Number  
**65-1069497**

Applied For  
 Not Applicable

5. Certificate of Status Desired ☒ **\$8.75** Additional Fee Required

## 6. Name and Address of Current Registered Agent

**JIMENEZ, FEDERICO**  
**15660 SAN CARLOS BLVD #32**  
**FT MYERS FL 33908**

## 7. Name and Address of New Registered Agent

Name **Federico Jimenez**  
 Street Address (P.O. Box Number is Not Acceptable)  
**15736 Beachcomber Ave**  
 City **FT. Myers** **FL** Zip Code **33908**

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.

SIGNATURE *Federico Jimenez*  
 Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

**JAN. 10, 2002**  
 DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so ☒  
 (See criteria on back)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2002 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

## 11. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

## 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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.

SIGNATURE: *Federico Jimenez*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**JAN. 10, 2002**  
 Date  
**(941) 433-2525**  
 Daytime Phone #

CR2E034 (9/01)