

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 28, 2002 8:00 am
Secretary of State

05-28-2002 91539 029 ***150.00

DOCUMENT # P01000007970

1. Entity Name

EC HOTELS, INC.

Principal Place of Business

Mailing Address

~~140 YACHT CLUB WAY #308~~

~~140 YACHT CLUB WAY #308~~

~~HYPOLUXO FL 33462~~

~~HYPOLUXO FL 33462~~

777 E Atlantic Ave #2-201
Delray Beach, FL 33483

777 E Atlantic Ave #2-201
Delray Beach, FL 33483

000616



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

777 E ATLANTIC AVE

777 E ATLANTIC AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

2-201

2-201

City & State

City & State

Delray Beach FL

Delray Beach FL

4. FEI Number

Applied For

65-1071586

Not Applicable

Zip

Country

Zip

Country

33483

Palm Beach

33483

Palm Beach

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CARROLL, ERRIN

140 YACHT CLUB WAY #308
HYPOLUXO FL 33462
777 E ATLANTIC AVE #2-201
Delray Beach, FL 33483

Name

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

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Errin Carroll

5/14/02

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	President	<input type="checkbox"/> Delete
NAME	Errin C Carroll	
STREET ADDRESS	777 E ATLANTIC AVE #2-201	
CITY-ST-ZIP	Delray Beach, FL 33483	
TITLE	Treasurer	<input type="checkbox"/> Delete
NAME	SAME	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	Clerk	<input type="checkbox"/> Delete
NAME	SAME	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	Director	<input type="checkbox"/> Delete
NAME	SAME	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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

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:

SIGNATURE RECEIVED
Errin Carroll

5/14/02

541 243 0168

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)