

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

FILED
Aug 07, 2003 8:00 am
Secretary of State

08-07-2003 90121 006 ***150.00

0431688 AV

DOCUMENT # P01000007970

1. Entity Name
EC HOTELS, INC.

(L)



Principal Place of Business
**777 E ATLANTIC AVE #Z-201
DELRAY BEACH FL 33483**

Mailing Address
**777 E ATLANTIC AVE #Z-201
DELRAY BEACH FL 33483**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **65-1071586**

Applied For
Not Applicable

Zip

Country

Zip

Country

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
777 E ATLANTIC AVE #Z-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. 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
PTCD ERRIN, CARROLL C 777 E ATLANTIC AVE #Z-201 DELRAY BEACH FL 33483			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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:
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-2703
Daytime Phone #

CR2E034 (10/02)

Attachment #
E. C. HOTEL INC
777 E ATLANTIC AVE #Z-201
DELRAY BEACH FLORIDA 33483
FEDERAL ID#65-1071586

80136895
PO1000007920

July 29, 2003

Florida Department of State
Division of Corporations
Uniform Business Report Filings
PO Box 1500
Tallahassee, Florida 32302-1500

To Whom It May Concern:

Please accept this as our original filing at the regular fee of \$150.00. We were misinformed that this year was not required to be filed as we closed our corporation.

Thank you in advance for your cooperation.

Respectfully,

x Errin C Carroll

Errin C Carroll, President