

5/21/

FILED

Jul 04, 2002 8:00 am
Secretary of State

05-21-2002 91178 003 ***150.00

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000018019

1. Entity Name
ECOR ENTERPRISES, INC.Principal Place of Business
3129 MONTCALM DR.
JACKSONVILLE FL 32208Mailing Address
3129 MONTCALM DR.
JACKSONVILLE FL 32208

00401



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number 593675752		Applied For Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
City & State		City & State		6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
Zip	Country	Zip	Country	Name			

TELFAIR, CATHYORN
3129 MONTCALM DR.
JACKSONVILLE FL 32208Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code 32208

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

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 State10. 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 NAME STREET ADDRESS CITY-ST-ZIP Delete <input checked="" type="checkbox"/>	President CATHYORN E. TELFAIR 3129 Montcalm Dr. Jacksonville, FL 32208	TITLE NAME STREET ADDRESS CITY-ST-ZIP Delete <input type="checkbox"/>	President / OWNER HORACE L. HOLMES 3129 Montcalm Dr Jacksonville, FL 32208 (ONLY OFFICER)
TITLE NAME STREET ADDRESS CITY-ST-ZIP Delete <input type="checkbox"/>	Jacksonville FL	TITLE NAME STREET ADDRESS CITY-ST-ZIP Delete <input type="checkbox"/>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP Delete <input type="checkbox"/>		TITLE NAME STREET ADDRESS CITY-ST-ZIP Delete <input type="checkbox"/>	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP Delete <input type="checkbox"/>		TITLE NAME STREET ADDRESS CITY-ST-ZIP Delete <input type="checkbox"/>	

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/27/02

904 838 1663

CR2003A (9/01)