

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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

05-05-2003 91771 044 ***150.00

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1. Entity Name
ECOFF & COMPANY, INC.



Principal Place of Business
15315 BRIAR RIDGE CIRCLE
FT MYERS FL 33912

Mailing Address
15315 BRIAR RIDGE CIRCLE
FT MYERS FL 33912



2. Principal Place of Business
9130D SW 20th Place
Suite, Apt. #, etc.

3. Mailing Address
9130D SW 20th Place
Suite, Apt. #, etc.

☒ CHECK HERE IF MAKING CHANGES

City & State
Ft. Lauderdale, FL
Zip 33324 **Country** USA

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Ft. Lauderdale, FL
Zip 33324 **Country** USA

4. FEI Number 65-1112405 **Applied For**
Not Applicable

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

6. Name and Address of Current Registered Agent

ECOFF, LYLE
15315 BRIAR RIDGE CIRCLE
FT MYERS FL 33912

→ please note
change of address

7. Name and Address of New Registered Agent

Name LYLE ECOFF (same)

Street Address (P.O. Box Number is Not Acceptable) 9130D SW 20th Place

City Ft. Lauderdale **FL** **Zip Code** 33324

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] **Signature of registered agent or printed name of registered agent and title if applicable.**

Lyle Ecoff, president

04/30/03

(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 ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

10. OFFICERS AND DIRECTORS

TITLE PD ☐ Delete
NAME ECOFF, LYLE
STREET ADDRESS 15315 BRIAR RIDGE CIRCLE
CITY-ST-ZIP FT MYERS FL 33912

TITLE SD ☐ Delete
NAME REICH, AMANDA
STREET ADDRESS 15315 BRIAR RIDGE CIRCLE
CITY-ST-ZIP FT MYERS FL 33912

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 9130D SW 20th Place
STREET ADDRESS Ft. Lauderdale, FL 33324
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition
NAME Ecoff, Amanda
STREET ADDRESS 9130D SW 20th Place
CITY-ST-ZIP Ft. Lauderdale, FL 33324

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

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

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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] **SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR** Lyle Ecoff

Date 4/30/03 **Daytime Phone #** 845-357-5775

CR2E034 (10/02)