

FILED
May 15, 2002 8:00 am
Secretary of State

05-15-2002 90082 007 ***158.75

UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #

P01000055113

1. Entity Name

ECM INTERNATIONAL LIMITED, INC

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

537 SO. SEQUOIA DR.

Suite, Apt. #, etc.
301

3. Mailing Address

PO BOX 223044

Suite, Apt. #, etc.

City & State

WEST PALM BEACH, FL

City & State

WEST PALM BEACH, FL

4. FEI Number

651145663

Applied For

Not Applicable

DO NOT WRITE IN THIS SPACE

Zip
33409

Country
USA

Zip

33422-3044

Country
USA

5. Certificate of Status Desired ☒

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

JOHN R. MCLEOD

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

1150 WG MARTINELLI BLVD

City

DUNNELLON,

FL

Zip Code

34443

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's signature required when reinstating)

01 MAY 2002

DATE

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

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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
D-P-T
WILLIAM L. MELLO
2044 NE LAKE PLACE
JENSEN BEACH, FL 34957

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
COB-D-VP-S
JOHN R. MCLEOD
1150 WG MARTINELLI BLVD
DUNNELLON, FL 34443

TITLE
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STREET ADDRESS
CITY - ST - ZIP

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**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with all other fee empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JOHN MCLEOD

01 MAY 2002 561-662-1444

Date

Daytime Phone #

CR2E034B (12/01)