

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 25, 2002 8:00 am
Secretary of State

02-25-2002 90071 020 ***150.00

02107288 AV

DOCUMENT # P01000070794

1. Entity Name
ECO-CONSCIOUS FUELS, INC.

Principal Place of Business
5100 N. FEDERAL HWY., STE. 409
FT. LAUDERDALE FL 33308

Mailing Address
5100 N. FEDERAL HWY., STE. 409
FT. LAUDERDALE FL 33308

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-1120846

Applied For

Not Applicable

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

LEGEL, LARRY
5100 N. FEDERAL HWY., STE. 409
FT. LAUDERDALE FL 33308

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

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	D	<input type="checkbox"/> Delete
NAME	LEGEL, LARRY	
STREET ADDRESS	5100 N. FEDERAL HWY., STE. 409	
CITY-ST-ZIP	FT. LAUDERDALE FL 33308	
TITLE	D	<input type="checkbox"/> Delete
NAME	STUCK, FRANK	
STREET ADDRESS	5100 N. FEDERAL HWY., STE. 409	
CITY-ST-ZIP	FT. LAUDERDALE FL 33308	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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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	SEC/TREAS	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FRANKLIN ATUSTUCK	
STREET ADDRESS	969 SE 9th AVENUE	
CITY-ST-ZIP	POMPANO BEACH, FL 33060	
TITLE	DIR/PRES/CEO	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KENDRA TILLERY	
STREET ADDRESS	6201 LEE DRIVE	
CITY-ST-ZIP	CYPRESS, CA 90630	
TITLE	DIR; DIRECTOR OF RESEARCH	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KURT TILLERY	
STREET ADDRESS	P.O BOX 732	
CITY-ST-ZIP	BIG BEAR CITY, CA 92314	
TITLE	DIR/CFO	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CHARLES ADRIAN FOGG	
STREET ADDRESS	8 TUDOR CLOSE ALDERHOLT NR. FORDINGBRIDGE	
CITY-ST-ZIP	HAMPSHIRE, SP6 3LY UNITED KINGDOM	
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:

FRANKLIN A. STUCK

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/15/02

Date

(954) 493-8900

Daytime Phone #

CR2E034 (9/01)