

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # PO1000118798

1. Entity Name
ECMI, INC.

FILED

02 JAN -2 PM 12:26
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address
296 BROADVIEW DRIVE *same*
FORT MYERS FL
33905

2. Principal Place of Business 3. Mailing Address
296 BROADVIEW DRIVE *same*
Suits, Apt. #, etc. Suits, Apt. #, etc.
FORT MYERS

City & State City & State
FORT MYERS FL

Zip Country Zip Country
33905 LEE

4. FEI Number **65-1153019** Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
MICHAEL E. CAHILL
296 BROADVIEW DRIVE
FORT MYERS, FL 33905

7. Name and Address of New Registered Agent
Name *SAME*
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 _____ (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 \$130.00** After MAY 1, 2001, 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 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
		PRESIDENT MICHAEL E. CAHILL 296 BROADVIEW DR FORT MYERS FL 33905	
		SEC/TREAS DEBORAH J. MOLIARTY-CAHILL 296 BROADVIEW DR FORT MYERS FL 33905	
		300004750663--6 -01/04/02--01016--019 *****150.00 *****150.00	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		300004750663--6 -01/04/02--01016--020 *****8.75 *****8.75	<input type="checkbox"/> Change <input type="checkbox"/> Addition
			<input type="checkbox"/> Change <input type="checkbox"/> Addition

CR2E034 (1/1/00)

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(d), 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 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 addressee, with all other like empowered.

SIGNATURE: *Deborah J. Moriarty-Cahill Sec/Treas* **12/11/01** **694-8142**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #