

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

P02000031492

FILED

03 JUL 18 AM 8:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000031492

1. Entity Name

E-Century Inc.



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

841 NE 141 St.

Suite, Apt. #, etc.

3. Mailing Address

2723 Lincoln St

Suite, Apt. #, etc.

City & State

N. Miami FL

City & State

HLWD FL

Zip

33161

Country

USA

Zip

33020

Country

USA

4. FEI Number

47 09022 78

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

Dorette Mortimore

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

2723 Lincoln St

City

HLWD

FL

Zip Code

33020

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

Dorette Mortimore President

6/6/03

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

January 1 - May 1 Fee is \$150.00

After May 1 Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution.

☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE

P

NAME

Dorette Mortimore

STREET ADDRESS

2723 Lincoln St

CITY-ST-ZIP

HLWD FL 33020

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

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STREET ADDRESS

CITY-ST-ZIP

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IN THIS SPACE

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

SIGNATURE:

Dorette Mortimore

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/6/03

Date

305-891-0115

Daytime Phone

CR2E034B (12/02)