


2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 23, 2003 8:00 am
Secretary of State

0145861 AB

DOCUMENT # P02000084167	
1. Entity Name ECO TRUST, INC.	

07-23-2003 90054 009 ***150.00

Principal Place of Business 5109 KENSIDE CT. ANNANDALE VA 22003	Mailing Address 5109 KENSIDE CT. ANNANDALE VA 22003
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30143033



2. Principal Place of Business 303 EAST 7th Ave Suite, Apt. #, etc. Windermere, 1 City & State Florida Zip 34786 Country USA	3. Mailing Address 303 East 7th Ave Suite, Apt. #, etc. Windermere, FL. City & State Windermere, FL. Zip 34786 Country USA
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☒ CHECK HERE IF MAKING CHANGES

4. FEI Number EIN 41-2063678 Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent GERKEN, SCOTT A 4850 N. HWY. 19A MOUNT DORA FL 32757	
7. Name and Address of New Registered Agent 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$550.00
After September 10, 2003 Fee will be \$750.00
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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KLARE, KATHLEEN 5109 KENSIDE CT. ANNANDALE VA 22003 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	KLARE, KATHLEEN 303 EAST 7th Ave. Windermere, FL 34786 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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
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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

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 OF KATHLEEN KLARE 7/11/03 407 876 1894
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (4/03)

Attachment

90145833

11 July 2003

Florida Department of State
Secretary of state
Division of Corporations
PO Box 6327
Tallahassee, Florida 32314

RE: doc # PO2000084167

Dear Sirs,

I am sending this letter to inform you that I received the 1st notice of this document on July 8th, (which in fact is your second notice). I moved from Virginia to Florida in December and as a result of the move I did not receive any notice until now. I am enclosing the \$150.00 fee as this is what I would have paid if the notice had been received.

I have enclosed my address change. Please let me know if I should be aware of any other recording aspects associated with having a corporation, as this is the first time that I have been involved with this business designation.

Sincerely,



Kathleen Klare

cc: Scott Gerken