

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 13, 2003 8:00 am
Secretary of State

03-13-2003 90051 028 ***150.00

DOCUMENT # P02000109695

1. Entity Name
ECKERSON INTERNATIONAL CORP.



Principal Place of Business
2055 THOMASVILLE RD #E-103
TALLAHASSEE FL 32308

Mailing Address
2055 THOMASVILLE RD #E-103
TALLAHASSEE FL 32308

2. Principal Place of Business

3. Mailing Address
3820 Windmill Lake Road

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
Weston, Florida

4. FEI Number 01-0748057

Applied For
Not Applicable

Zip
32308-0768

Country

Zip
33332-2107

Country
USA

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

BOWER, TANYA L ESQ.
C/O TRIPP SCOTT, P.A.
110 SE 6 ST 15 FLR
FT LAUDERDALE FL 33301

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD ☐ Delete
NAME Greg Eckerston
STREET ADDRESS 3820 Windmill Lake Road
CITY-ST-ZIP Weston, Florida 33332-2107

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE S ☐ Delete
NAME Robin Eckerston
STREET ADDRESS 3820 Windmill Lake Road
CITY-ST-ZIP Weston, Florida 33332-2107

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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 REQUIRED Eckerston /s/ 1/10/03 954.806-3957

Date

Daytime Phone #

CR2E034 (10/02)