

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

05-01-2003 90780 047 ***150.00

P02000133410

FILED

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DOCUMENT # P02000133410

1. Entity Name

ECHOLON RESIDENTIAL OWNERS, INC.



03 MAY 29 AM 11:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
60025854

Principal Place of Business

235 3RD STREET SOUTH
ST. PETERSBURG FL 33701

Mailing Address

235 3RD STREET SOUTH
ST. PETERSBURG FL 33701

2. Principal Place of Business

235-3RD Street South

3. Mailing Address

235-3RD Street South

Suite, Apt. #, etc.

Suite 200

Suite, Apt. #, etc.

Suite 200

City & State

St. Petersburg FL

City & State

St. Petersburg FL

Zip

33701

Country

USA

Zip

33701

Country

USA

4. FEI Number

54-2101824

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

O'NEILL, ALBERT C JR
101 E. KENNEDY BLVD.
SUITE 2700
TAMPA FL 33602

Error
See Attached
Filing

7. Name and Address of New Registered Agent

Name
Corporation Service Company
Street Address (P.O. Box Number is Not Acceptable)
1721 Hay Street
City
Tallahassee
FL Zip Code
32301

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
Trust Fund Contribution.

☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COYNE, JAMES A 235 3RD STREET SOUTH ST. PETERSBURG FL 33701	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D P James A. Coyne 200 Nyala Farms Westport, CT 06880	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V.S Darryl A. LeClair 235-3RD Street South, Suite 200 St. Petersburg, FL 33701	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ 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 its 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 employees.

SIGNATURE:

SIGNATURE OF Darryl A. LeClair

4/29/03

111-803-8734

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Vice President

Date

Daytime Phone #

CR2E034 (10/02)

m 5/30