## 2000 UNIFORM BUSINESS REPORT (UBR)

## **DOCUMENT # P04681**

Country

CT CORPORATION SYSTEM

1200 S. PINE ISLAND ROAD PLANTATION FL 33324

6. Name and Address of Current Registered Agent

City & State

Zip

SIGNATURE

Signature

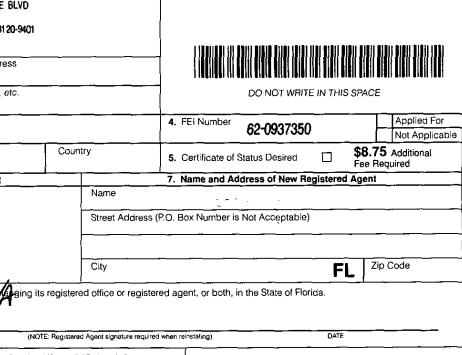
1. Entity Name ECONOCOMHUSA, INC. Principal Place of Business Mailing Address 965 RIDGE LAKE BLVD 965 RIDGE LAKE BLVD. STE 207 SUITE 207 MEMPHIS TN 38120-9401 **MEMPHIS TN 38120** US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State

Zip

## **FILED** May 31, 2000 8:00 am Secretary of State

05-31-2000 90061 049 \*\*\*550.00



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 \$150.00 After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of State		10. Election Campaign Financing Trust Fund Contribution.		May Be to Fees	
11. OFFICERS AND DIRECTORS			12.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	COB BOUCHARD, JEAN-LOUIS 12 AVENUE BOSQUET 75007 PARIS, FRANCE	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C THOMAS, KEVIN 7421 RICHMOND MEMPHIS TN	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	9686 V	JOCOLAND VIEW LANE TN 38018	<b>⊠</b> Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCEO DRAKE, MICHAEL 7074 MANOR WOODS CT GERMANTOWN TN	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S LANSKY, MITCHELL I 1683 BRYN MAWR COVE MEMPHIS TN	Delete	NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P	☐ Delete	NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	☐ Addition

Country

Name

City

13. 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 poport is true and accurate and that my signature shall have the same legal effect as if made under eath; 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 11 or Block 12 if changed, or on an attachment with ar

SIGNATURE:

SIGNATURE AND

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