

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #

PO 6124

1. Entity Name

EEC Consultants, Inc.

**FILED**  
**May 11, 2000 8:00 am**  
**Secretary of State**

05-11-2000 90077 049 \*\*\*150.00

Principal Place of Business

Mailing Address

2. Principal Place of Business

19020 Gulf Blvd.

3. Mailing Address

19020 Gulf Blvd.

Suite, Apt. #, etc.

#2

Suite, Apt. #, etc.

#2

DO NOT WRITE IN THIS SPACE

City & State

Indian Shores, FL

City & State

Indian Shores, FL

4. FEI Number

52-1142661

Applied For

Not Applicable

Zip

33785

Country

USA

Zip

33785

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

Name

Kent L. Ulrich

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

19020 Gulf Blvd.

#2

City

Indian Shores

FL

Zip Code

33785

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.

SIGNATURE

Kent L. Ulrich

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4/25/00

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. ☐

**\$5.00** May Be  
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete  
NAME P Ulrich, Kent L.  
STREET ADDRESS 19020 Gulf Blvd., #2  
CITY-ST-ZIP Indian Shores, FL 33785

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

TITLE ☐ Delete  
NAME ST Ulrich, Joan B.  
STREET ADDRESS 19020 Gulf Blvd., #2  
CITY-ST-ZIP Indian Shores, FL 33785

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

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 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Kent L. Ulrich Kent L. Ulrich

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/25/00 (727) 517-1405

Date

Daytime Phone #

CR2E034 (9/99)