

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 16, 2001 8:00 am**  
**Secretary of State**

05-16-2001 90154 001 \*4,400.00

**DOCUMENT # P30371**

1. Entity Name

**ECOGARD, INC.**

Principal Place of Business

**1301 GERVAIS ST  
 SUITE 300  
 COLUMBIA SC 29201**

Mailing Address

**1301 GERVAIS ST  
 SUITE 300  
 COLUMBIA SC 29201**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **61-1179404**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**CT CORPORATION SYSTEM  
 1200 S. PINE ISLAND ROAD  
 PLANTATION FL 33324**

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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, 2001 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	PD	<input checked="" type="checkbox"/> Delete
NAME	WINGER, KENNETH W	
STREET ADDRESS	1301 GERVAIS ST, STE 300	
CITY-ST-ZIP	COLUMBIA SC 29201	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	TAYLOR, HENRY H	
STREET ADDRESS	1301 GERVAIS ST, STE 300	
CITY-ST-ZIP	COLUMBIA SC 29201	
TITLE	CFO	<input checked="" type="checkbox"/> Delete
NAME	HUMPHREYS, PAUL R	
STREET ADDRESS	1301 GERVAIS ST, STE 300	
CITY-ST-ZIP	COLUMBIA SC 29201	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	BRAGAGNOLO, MICHAEL J	
STREET ADDRESS	1301 GERVAIS ST, STE 300	
CITY-ST-ZIP	COLUMBIA SC 29201	
TITLE	VPD	<input checked="" type="checkbox"/> Delete
NAME	ROCCO, JAMES V.	
STREET ADDRESS	3499 BLAZER PARKWAY	
CITY-ST-ZIP	LEXINGTON KY	
TITLE	AST	<input checked="" type="checkbox"/> Delete
NAME	JONES, RICHARD A	
STREET ADDRESS	3499 BLAZER PWKY	
CITY-ST-ZIP	LEXINGTON KY 40509	

TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Henry H. Taylor	
STREET ADDRESS	1301 Gervais Street	
CITY-ST-ZIP	Columbia, SC 29201	
TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Shawn L. DeJames	
STREET ADDRESS	1301 Gervais Street	
CITY-ST-ZIP	Columbia, SC 29201	
TITLE	CFO/T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LARRY W. Singleton	
STREET ADDRESS	1301 Gervais Street	
CITY-ST-ZIP	Columbia, SC 29201	
TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Roy Dean Bullinger	
STREET ADDRESS	1301 Gervais Street	
CITY-ST-ZIP	Columbia, SC 29201	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

5-8-01 803-533-4279

CR2E034 (10/00)