FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 1920000 4078

ECOLOGY IS MY BAG, Inc



FILED Apr 16, 2004 8:00 am Secretary of State

04-16-2004 90114 048 ***150.00

DO NOT WRITE	IN THIS SPACE	
		24044653
2. Principal Place of Business	3. Mailing Address	74044821
10041 CROSSWIND RA	Suite, Apt. #, etc.	DO NOT WRITE IN THIS SPACE
BOCA RATON, 7/	Suite, Apt. #, etc.	DO NOT WRITE IN THIS SPACE
City & State	City & State	4. FEI Number Applied For Not Applicable
33498 Palm Beach	Zip Same Country	5. Certificate of Status Desired \$8.75 Additional Fee Required
		7. Name and Address of Current Registered Agent
	Nam	JIU Schechter
	Street	ret Address (P.O. Box Number is Not Acceptable)
IN THIS SP	ACE	100 41 (100) 10/1025 70
	City	Zin Code
	The state of the s	120C4 14TON FL 33498
The above named entity submits this statement for the obligations of registered agent.	the purpose of changing its registered office	ce or registered agent, or both, in the State of Florida. I am familiar with, and accept
The obligations of registered agent.		
	dan.	111.124
SIGNATURE Singular broad or printed game of regulater agent are		Signature required when reinstalling) DATE
Signature Signature, typed or printer name of registered agent an January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25	nd tile if applicable. (NOTE: Registered Agent s	signature required when reinstating) 9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees
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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 on an

CITY-ST-ZIP

STREET ADDRESS CITY-ST-ZIP

STREET ADDRESS

CITY ST-ZIP

CITY-ST-ZIP

NAME

NAME

TITLE

NAME STREET ADDRESS

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

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CITY-ST-ZIP

CITY-ST-ZIE TITLE

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TITLE

NAME

NAME

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