

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 03, 2000 8:00 am**  
**Secretary of State**

03-03-2000 90234 037 \*\*\*150.00

**DOCUMENT # P92000007528**

1. Entity Name  
**ECHO ASSOCIATES, INC.**

Principal Place of Business

875 PUESTA DEL SOL  
 INDIALANTIC FL 32903

Mailing Address

875 PUESTA DEL SOL  
 INDIALANTIC FL 32903-3610



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number **59-3156168**

Applied For  
 Not Applicable

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

**DETTMER, DALE A**  
**780 S APOLLO BLVD**  
**MELBOURNE FL 32901**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

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

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	NAME	TITLE	NAME
<input type="checkbox"/> Delete	<b>D</b> <b>BROADWAY, W. SCOTT</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	<b>P/D</b> <b>Same</b>
	<b>875 PUESTA DEL SOL</b>		<b>Same</b>
	<b>INDIALANTIC FL 32903</b>		<b>Same</b>
<input type="checkbox"/> Delete	<b>D</b> <b>BROADWAY, SUZANNE B</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	<b>VTD</b> <b>Same</b>
	<b>875 PUESTA DEL SOL</b>		<b>Same</b>
	<b>INDIALANTIC FL 32903</b>		<b>Same</b>
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	

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: *Suzanne B. Broadway* **SUZANNE B. Broadway**

Date **2-24-00** Daytime Phone # **321 777-3361**

CR2E034 (9/99)