

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000040867

1. Entity Name
ELECTRONIC CHOICES, INC.

FILED
Apr 27, 2001 8:00 am
Secretary of State

04-27-2001 90302 030 ***150.00

Principal Place of Business
1021 S ROGERS CIRCLE
UNIT 5
BOCA RATON FL 33487
US

Mailing Address
1021 S ROGERS CIRCLE
UNIT 5
BOCA RATON FL 33487
US

2. Principal Place of Business
940 SWEETWATER LANE

3. Mailing Address
940 SWEETWATER LANE

Suite, Apt. #, etc.
202

Suite, Apt. #, etc.
202

City & State
BOCA RATON FL

City & State
BOCA RATON FL

Zip
33431

Country
USA

Zip
33431

Country
USA



DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0416386

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SHAPIRO, STANLEY
1021 S ROGERS CIRCLE
UNIT 5
BOCA RATON FL 33487

7. Name and Address of New Registered Agent

Name
SHAPIRO, STANLEY

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

Apt 202

City
BOCA RATON

FL

Zip Code
33431

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 filer 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

TITLE
P

NAME
SHAPIRO, STANLEY

STREET ADDRESS
1021 S. ROGERS CIRCLE, UNIT 5

CITY-ST-ZIP
BOCA RATON FL 33487

☒ Delete

TITLE
NAME

STREET ADDRESS
CITY-ST-ZIP

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NAME

STREET ADDRESS
CITY-ST-ZIP

☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
P

NAME
SHAPIRO, STANLEY

STREET ADDRESS
940 SWEETWATER LANE APT 202

CITY-ST-ZIP
BOCA RATON FL 33431

☒ Change ☐ Addition

TITLE
NAME

STREET ADDRESS
CITY-ST-ZIP

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TITLE
NAME

STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)