

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2003 8:00 am
Secretary of State

05-01-2003 90994 037 ***150.00

0399726 AV

DOCUMENT # P93000040867

1. Entity Name
ELECTRONIC CHOICES, INC.



Principal Place of Business
**940 SWEETWATER LANE
202
BOCA RATON FL 33431
US**

Mailing Address
**940 SWEETWATER LANE
202
BOCA RATON FL 33431
US**

2. Principal Place of Business
1781 S.W. 23RD WAY
Suite, Apt. #, etc.

3. Mailing Address
1781 S.W. 23RD WAY
Suite, Apt. #, etc.



☐ CHECK HERE IF MAKING CHANGES

City & State
DEERFIELD BEACH FL
Zip
33442
Country

City & State
DEERFIELD BEACH FL
Zip
33442
Country

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
940 SWEETWATER LANE
APT 202
BOCA RATON FL 33431**

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Stanley Shapiro*
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent Signature required when reinstating)

4/28/03
DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P <input type="checkbox"/> Delete
NAME	SHAPIRO, STANLEY
STREET ADDRESS	940 SWEETWATER LANE, APT 202 <i>1781 S.W. 23RD WAY</i>
CITY-ST-ZIP	BOCA RATON FL 33431 <i>DEERFIELD BEACH FL 33442</i>
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHAPIRO, STANLEY
STREET ADDRESS	940 SWEETWATER LANE, APT 202
CITY-ST-ZIP	BOCA RATON FL 33431
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	
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	

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

SIGNATURE: *Stanley Shapiro*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/03 *954-25-8789*
Date Daytime Phone #

CR2E034 (10/02)