

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 28, 2002 8:00 am
Secretary of State

05-28-2002 91758 014 ***150.00

DOCUMENT # P93000043201

1. Entity Name Ecor, Inc.
2431 Aloma Ave.
Winter Park, FL 32792

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
2431 Aloma Avenue

3. Mailing Address
Same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
Winter Park, FL

City & State

4. FEI Number
59-3195621

Applied For
Not Applicable

Zip
32792

Country
United States

Zip

Country

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

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

Dale Helling

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

2431 Aloma Avenue

City

Winter Park

FL

Zip Code
32792

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) ☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$81.25

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
NAME Helling, Dale D.
STREET ADDRESS 2431 Aloma Avenue
CITY - ST - ZIP Winter Park, FL 32792

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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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Dale D. Helling
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Dale D. Helling 04/29/02 (407)678-1096

Date

Daytime Phone #

CR2E034B (12/01)