

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000002199

1. Entity Name

E.C.D.G. LTD., INC.

FILED
Apr 12, 2000 8:00 am
Secretary of State

04-12-2000 90063 034 ***150.00

Principal Place of Business

1867 W. HILLSBORO BLVD.
SUITE 800A
DEERFIELD BEACH FL 33442
US

Mailing Address

1867 W. HILLSBORO BLVD.
SUITE 800A
DEERFIELD BEACH FL 33442-1401
US

2. Principal Place of Business

1867 W. HILLSBORO BLVD
Suite, Apt. #, etc.

3. Mailing Address

1867 W. HILLSBORO BLVD
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

DEERFIELD BEACH, FL

City & State

DEERFIELD BEACH, FL

4. FEI Number

65-0458644

Applied For

Not Applicable

Zip

33442-1401

Country

BROWARD

Zip

33442-1401

Country

BROWARD

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

STILLER, CHARLENE H
3972 N.W. 25TH WAY
BOCA RATON FL 33434

7. Name and Address of New Registered Agent

Name CHARENE H. STILLER
Street Address (P.O. Box Number is Not Acceptable)
5888 COLONY COURT
City BOCA RATON FL Zip Code 33433-

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 *Charlene H. Stiller* / CHARLENE H. STILLER

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4-7-2000
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, 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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD STILLER, CHARLENE H 5888 COLONY CT BOCA RATON FL 33433	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTD STILLER, L. GEORGE 5888 COLONY CT BOCA RATON FL 33433	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR ERIC R. STILLER 5888 COLONY CT. BOCA RATON, FL. 33433	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<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: *Charlene H. Stiller* / CHARLENE H. STILLER / 4-7-2000 954-574-9340
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)