2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P94000006794**

ECOLOGEL U.S.A., INC. Mailing Address Principal Place of Business 412 NE 16 AVE 412 NE 16 AVE GAINESVILLE FL 32601-3758 GAINESVILLE FL 32601

FILED Mar 01, 2000 8:00 am Secretary of State

03-01-2000 90024 007 ***150.00



2. Principal P	Place of Business	3. Mailing Address Suite, Apt. #, etc.								
Suite, Apt.	#, etc.				DO NOT WRITE IN THIS SPACE					
City & State		City & State			4.	4. FEI Number 59-3268578			Applied For Not Applicable	
Zip 🕹 .	Country	Zip Coun		try	5. Certificate of Status Desired S8.75 Additional Fee Required		dditional			
	6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent						
				Name Street Address (P.O. Box Number is Not Acceptable)						
Garvin, H. Edward 412 Ne 16 Ave Gainesville FL 32601										
4.0 111			City				FL	Zip Co	de	
3. The above	named entity submits this statement for	the purpose of changing i	ts register	Ied office or regist	tered ag	gent, or both, in the State of Florid	da.	1		
010011471177										
SIGNATURE .	Signature, typed or printed name of registered agent an	d title if applicable. (NC	OTE. Registere	d Agent signature requi	ired when re	einstating)	DATE			
Tax filing i	oration is eligible to satisfy its Intangible requirement and elects to do so.	FILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.0 Make Check Payable to Department of S) tate	10. Election Campaign Finar Trust Fund Contribution.	ncing	\$5. Adde	00 May Be ed to Fees	
11.	OFFICERS AND D	PIRECTORS	12.		ΑD	DITIONS/CHANGES TO OFFIC	ERS AND	DIRECTO	RS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D IRWIN, RICHARD K 2700 SE 35 ST OCALA FL 34471	☐ Defete	Delete TITLE NAM STRE CITY					Change	☐ Addition	
ITLE IAME STREET ADDRESS CITY-ST-ZIP		☐ Delete						☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS STY-ST-ZIP		∽ □ Delete		-			-	Change	Addition	
TITLE IAME STREET ADDRESS CITY-ST-ZIP		☐ Delete						☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete						Change	☐ Addition	
TITLE NAME STREET ADDRESS		☐ Delete						☐ 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