

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000023560

1. Entity Name

ECR CONSULTANTS, INC.

FILED
May 15, 2001 8:00 am
Secretary of State

05-15-2001 90166 032 ***150.00

Principal Place of Business

214 E. SUNRISE AVE
LANTANA, FLORIDA 33462

A0062368



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

Suite APT #, etc. SKME

3. Mailing Address

Suite APT #, etc. SKME

City & State

City & State

4. FEI Number

65-0486346

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BRETT A. ROBINSON
214 E. SUNRISE AVE
BOYNTON BEACH FL 33436
LANTANA

Name
Street Address (P.O. Box number is not acceptable)
City FL Zip Code 33413

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

EARLINE C. ROBINSON

01-20-01

(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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPVS ROBINSON, EARLINE C 214 SUNRISE AVE. LANTANA FL	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T BRETT A. ROBINSON 214 SUNRISE AVE. LANTANA FL	<input checked="" type="checkbox"/> Delete
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

EARLINE C. ROBINSON

Date

Daytime Phone #

CR2E034 (10/00)