

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2002 8:00 am
Secretary of State

05-01-2002 91539 048 ***150.00

DOCUMENT # P94000060093

1. Entity Name
ECOCOMP ENTERPRIZES, INC.

Principal Place of Business
2635 E. OAKLAND PARK BLVD.
SUITE 1
FT LAUDERDALE FL 33306
US

Mailing Address
2635 E. OAKLAND PARK BLVD.
SUITE 1
FT LAUDERDALE FL 33306
US

2. Principal Place of Business

1011 N. FEDERAL HWY
 Suite, Apt. #, etc.

3. Mailing Address

P.O. BOX 11279
 Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State
FT LAUDERDALE

City & State
FT LAUDERDALE, FL

4. FEI Number **65-0516231**

Applied For
 Not Applicable

Zip **FL** Country **33304**

Zip **33339-1279** Country **US**

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

6. Name and Address of Current Registered Agent

WARRICK, WOODWARD
2635 E. SUNRISE BLVD.
INT'L BLDG PENT HOUSE WEST
FORT LAUDERDALE FL 33304

7. Name and Address of New Registered Agent

Name
 Street Address (P.O. Box Number is Not Acceptable)
2455 E. SUNRISE BLVD.
 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.

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) ☐

FILE NOW!!! FEE IS \$150.00
After May 1, 2002 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 **PD** ☐ Delete
 NAME **BOCCHINO, ERNEST G**
 STREET ADDRESS **4790 LAKELAND DRIVE**
 CITY-ST-ZIP **DELRAY BEACH FL 33445**

TITLE **VPD** ☐ Delete
 NAME **LEE, HEADLEY G**
 STREET ADDRESS **3833 SW 167TH STREET**
 CITY-ST-ZIP **MIRAMAR FL 33027**

TITLE **STD** ☐ Delete
 NAME **BISPOTT, CLEVE A**
 STREET ADDRESS **398 FLORIDA AVENUE**
 CITY-ST-ZIP **FT LAUDERDALE FL 33312**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☒ Change ☐ Addition
 NAME
 STREET ADDRESS **3833 SW 167 AVE**
 CITY-ST-ZIP **MIRAMAR FL 33027**

TITLE ☒ Change ☐ Addition
 NAME
 STREET ADDRESS **834 NW 132ND AVE**
 CITY-ST-ZIP **SUNRISE, FL 33325**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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 Required
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/18/2002 954-828-1512

CP2E034 (9/01)