

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **045000026457**

1. Entity Name
Emergency Educational Consultants of South Florida, Inc

Principal Place of Business Mailing Address

**Eme 7220 NW 39 major
CORAL SPRINGS FL 33065**

2. Principal Place of Business

7220 NW 39 major
Suite, Apt. #, etc.

3. Mailing Address

7220 NW 39 major
Suite, Apt. #, etc.

City & State

CORAL SPRINGS FL

City & State

CORAL SPRINGS FL

4. FEI Number

65-0586871

Applied For

Not Applicable

Zip

Country

USA

Zip

33065

Country

USA

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

6. Name and Address of Current Registered Agent

**TODD SOARD
7220 NW 39 major
CORAL SPRINGS FL 33065**

7. Name and Address of New Registered Agent

Name

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

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, 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 **Dir** ☐ Delete
NAME **TODD SOARD**
STREET ADDRESS **7220 NW 39 major**
CITY-ST-ZIP **CORAL SPRINGS FL 33065**

TITLE **Dir** ☐ Delete
NAME **Jacqueline SOARD**
STREET ADDRESS **7220 NW 39 major**
CITY-ST-ZIP **CORAL SPRINGS FL 33065**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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
CITY-ST-ZIP

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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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

6-29-00 954-253-6869

CR2E034 (9/99)

Off 09500002645

Attachment

DDO 68815

**Emergency Educational
Consultants**



7220 NW 39th Manor
Coral Springs, FL 33065
(954) 753-6869
(954) 755-9050 Fax
www.eecsfi.com

June 29, 2000

To: Florida Division of Corporations

FROM: Todd Soard

RE: Corporation Status

As per my conversation with your department I am sending the filing form back to you completed with a check for \$150 with this letter of explanation. We never received an original form for filing. Once this was noticed I called for the form. After the third request I finally received the proper form.

Thank you for your attention to this matter.