2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR GEORGE J. BECK, Financial Se

May 24, 2000 8:00 am DOCUMENT # P 960 000 329 87 1. Entity Name Secretary of State ECON ACCOUNTING, INC. 05-24-2000 90161 031 ***150.00 Principal Place of Business Mailing Address 1922 S E 36th STREET 1922 S E 36th STREET CAPE CORAL, FL 33904 CAPE CORAL, FL 33904 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For City & State City & State 65 067 2854 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent EDWARDS, HARMON Street Address (P.O. Box Number is Not Acceptable) 1411 S E 47th TERRACE CAPE CORAL, FL 33904 City 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 4 applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 12. Change Addition TITLE PST Delete NAME NAME KRAMER, FRANZ-WILHELM BECK, GEORGE J STREET ADDRESS STREET ADDRESS 5400 PARK ST N (PH-9) 1922 S E 36th STREET CITY-ST ZIP CITY-ST-ZIP <u>ST PETERSBURG, FL 33709</u> CAPE CORAL, FL 33904 Delete TITLE Change Addition TITLE NAME NAME BECH GEORGE J STREET ADDRESS STREET ADDRESS 5400 PARK ST N (PH-9) CITY-ST-ZIP CITY-ST-ZIP ST PETERSBURG, FL 33709 TITLE Change ☐ Addition TITLE Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition ☐ Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete ☐ Addition TITLE ☐ Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 13. I hereby certify that the information supplied with this filling 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 it 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:

 $\mathbf{FIL}\mathbf{ED}$

4-27-00

(727) 545 0606

Davime Prione