

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 14, 2002 8:00 am
Secretary of State

05-14-2002 90019 046 ***150.00

DOCUMENT # P96000078567

1. Entity Name

THE ECHOSYSTEM MITIGATION BANK, INC.

Principal Place of Business

1031 WEST MORSE BLVD
 SUITE 305
 WINTER PARK FL 32789
 US

Mailing Address

1031 WEST MORSE BLVD
 SUITE 305
 WINTER PARK FL 32789
 US

2. Principal Place of Business

P.O. Box 540285
 Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 540285
 Suite, Apt. #, etc.

City & State

Orlando FL

City & State

Orlando FL

4. FEI Number

59-3447690

Applied For

Not Applicable

Zip

32854

Country

Orange

Zip

32854

Country

Orange

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

SPILLANE, JACK E
 1031 WEST MORSE BLVD
 SUITE 305
 WINTER PARK FL 32789

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, 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 BENBOW, DENNIS K
 STREET ADDRESS 1031 WEST MORSE BLVD SUITE 305
 CITY-ST-ZIP WINTER PARK FL 32789

TITLE STD ☐ Delete
 NAME SPILLANE, JACK E
 STREET ADDRESS 1031 WEST MORSE BLVD SUITE 305
 CITY-ST-ZIP WINTER PARK FL 32789

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 P.O. Box 540285
 STREET ADDRESS Orlando FL 32854
 CITY-ST-ZIP

TITLE ☒ Change ☐ Addition
 NAME PMB273
 STREET ADDRESS 931 N. SR 434, Suite 1201
 CITY-ST-ZIP Altamonte Springs, FL 32714

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

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:

Dennis K Benbow
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/24/02
 Date

(407) 481-0677
 Daytime Phone #

CR2E034 (9/01)