

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 17, 2003 8:00 am
Secretary of State

04-17-2003 90190 027 ***150.00

DOCUMENT # P96000082443

1. Entity Name
ECOM DATA PRODUCTS, INC.



Principal Place of Business
10242 NW 47TH ST
#28
SUNRISE FL 33351-7967
US

Mailing Address
10242 NW 47TH ST
#28
SUNRISE FL 33351-7967
US

2. Principal Place of Business
10226 NW 47th ST

3. Mailing Address
10226 NW 47th ST

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
SUNRISE, FL

City & State
SUNRISE, FL

Zip **33351** **Country** **Broward**

Zip **33351** **Country** **Broward**

4. FEI Number **65-0706382**

Applied For
Not Applicable

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

☒ **CHECK HERE IF MAKING CHANGES**

6. Name and Address of Current Registered Agent

KOPPEL, WAYNE S
8211 WEST BROWARD BOULEVARD
SUITE 230
PLANTATION FL 33324

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

10. OFFICERS AND DIRECTORS

TITLE **PD** ☐ **Delete**
NAME **EDRICH, LAWRENCE S**
STREET ADDRESS **10311 NORTH WEST 48TH COURT**
CITY-ST-ZIP **CORAL SPRINGS FL 33076**

TITLE **V** ☐ **Delete**
NAME **EDRICH, MICHELLE G**
STREET ADDRESS **10311 NW 48TH COURT**
CITY-ST-ZIP **CORAL SPRINGS FL**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ **Change** ☐ **Addition**
NAME
STREET ADDRESS **4995 NW 110th Terrace**
CITY-ST-ZIP **Coral Springs, FL 33076**

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NAME
STREET ADDRESS **4995 NW 110th Terrace**
CITY-ST-ZIP **Coral Springs, FL 33076**

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

12. 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 10 or Block 11 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

4/14/03

954-748-6009

Date

Daytime Phone #

CR2E034 (10/02)