

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 28, 2001 8:00 am
Secretary of State

03-28-2001 90185 036 ***150.00

DOCUMENT # P96000094403

1. Entity Name
A1 - ECK SWEEPING SERVICE, INC.

Principal Place of Business

~~1714 SE SANTA BARBARA PL~~
CAPE CORAL FL 33991
 US

Mailing Address

PO BOX 6231
 FT MYERS FL 33911
 US

2. Principal Place of Business

1329 SW 4th COURT
 Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

Cape Coral FL.

City & State

4. FEI Number **65-0709189**

Applied For
 Not Applicable

Zip

Country

33991 USA

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MILLER, BRIAN L

~~1714 SE SANTA BARBARA PL~~
CAPE CORAL FL 33991

Name

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

1329 SW 4th COURT

City **Cape Coral**

FL

Zip Code **33991**

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 **Brian L Miller President**

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

(NOTE: Registered Agent signature required when reinstating)

3-24-01

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, 2001 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE Delete
 NAME **D MILLER, BRIAN L**
 STREET ADDRESS ~~1714 SE SANTA BARBARA PL~~
 CITY-ST-ZIP **CAPE CORAL FL 33991**

TITLE Change Addition
 NAME **Miller, Brian**
 STREET ADDRESS **1329 SW 4th COURT**
 CITY-ST-ZIP **Cape Coral FL 33991**

TITLE Delete
 NAME **D MILLER, CARL L**
 STREET ADDRESS **3105 S.E. 10TH AVENUE**
 CITY-ST-ZIP **CAPE CORAL FL 33904**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **D MILLER, MARLENE J**
 STREET ADDRESS **3105 S.E. 10TH AVENUE**
 CITY-ST-ZIP **CAPE CORAL FL 33904**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **D MILLER, MICHELLE A**
 STREET ADDRESS ~~1714 SE SANTA BARBARA PL~~
 CITY-ST-ZIP **CAPE CORAL FL 33690**

TITLE Change Addition
 NAME **Miller Michelle**
 STREET ADDRESS **1329 SW 4th COURT**
 CITY-ST-ZIP **Cape Coral FL 33991**

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 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: **Brian L Miller**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-24-01

Date

Daytime Phone #

CRE2E034 (10/00)