

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000102826

1. Entity Name

ECOGROUP INTERNATIONAL CORPORATION

Principal Place of Business
13620 GOLF COURSE ROAD
PARRISH FL 3429

Mailing Address
POST OFFICE BOX 792
PARRISH FL 34219

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

WALTERS, CLIFFORD L
802 11TH ST. WEST
BRADENTON FL 34205

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, 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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PDC
BUNDY, OTTO M
4812 18TH AVE WEST
BRADENTON FL 34205 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
EVD
BUNDY, MICHAEL M
5508 78TH AVE EAST
PALMETTO FL 34221 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
SVSD
BUNDY, OTTO S
745 PINELLAS BAY WAY S #303
SAINT PETERSBURG FL 33715 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
BUNDY, PATRICIA A
4812 18TH AVENUE WEST
BRADENTON FL 34205 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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CITY-ST-ZIP
☐ Change ☐ Addition

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 #

FILED
Apr 24, 2001 8:00 am
Secretary of State

04-24-2001 90260 037 ***150.00



DO NOT WRITE IN THIS SPACE

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CR2E034 (10/00)

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