

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000024701

1. Entity Name  
EKULZ, INC.

**FILED**  
**Jan 30, 2001 8:00 am**  
**Secretary of State**

01-30-2001 90023 012 \*\*\*150.00

Principal Place of Business

20421 SW 48 PLACE  
FT LAUDERDALE FL 33332

Mailing Address

20421 SW 48 PLACE  
FT LAUDERDALE FL 33332

2. Principal Place of Business

4032 Sapphire Cove

3. Mailing Address

4032 Sapphire Cove

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State  
Weston, FL

City & State  
Weston FL

4. FEI Number 65-0744839

Applied For  
Not Applicable

Zip 33331 Country Broward

Zip 33331 Country Broward

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

ECKLES, JAMES C  
20421 SW 48 PL  
FORT LAUDERDALE FL 33332

Name ECKLES, James C.

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

4032 Sapphire Cove

City Weston FL Zip Code 33331

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

(NOTE: Registered Agent signature required when reinstating)

1-20-02

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 D ☐ Delete  
NAME ECKLES, JAMES C  
STREET ADDRESS 20421 SW 48 PLACE  
CITY-ST-ZIP FT LAUDERDALE FL 33332

TITLE D ☒ Change ☐ Addition  
NAME ECKLES, James  
STREET ADDRESS 4032 Sapphire Cove  
CITY-ST-ZIP WESTON, FL 33331

TITLE D ☐ Delete  
NAME ECKLES, ANNE M  
STREET ADDRESS 20421 SW 48 PLACE  
CITY-ST-ZIP FT LAUDERDALE FL 33332

TITLE D ☒ Change ☐ Addition  
NAME ECKLES, ANNE M.  
STREET ADDRESS 4032 Sapphire Cove  
CITY-ST-ZIP WESTON, FL 33331

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  
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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: James Eckles  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-20-02

Date

954-217-0795

Daytime Phone #

CR2E034 (10/00)