## **2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR**)

## **DOCUMENT#**

1. Entity Name ECS OF ARCADIA, INC.

P97000026897



May 01, 2003 8:00 am Secretary of State
05-01-2003 90125 046 \*\*\*150.00 **FILED** 

					[ ]									
Principal Place of Business 500 WEST CYPRESS CREEK ROAD SUITE 450 FT. LAUDERDALE FL 33309 US			C/O LEG 2828 CR	Mailing Address C/O LEGAL DEPT 2828 CROASDAILE DRIVE DURHAM NC 27705										
2. Principa P	lace of Busin	ess	3. Mailin	3. Mailing Address				i 1 <b>11</b>	######################################			<b>5</b>		
Suite, Apt.	#, etc.		Suite,	Suite, Apt. #, etc.				☐ CHECK HERE IF MAKING CHANGES						
City & Stat	e		City &	City & State				4. FE! Number 65-0725968 Applied For Not Applicable						
Zip	Country			Zip Countr			5. Certificate of Status Desir			sired [	- \$9.75 Additional			
6. Name and Address of Current			t Registered	LRegistered Agent		7		7. Name and Address of New Registered Agen					·	
						Name					<u>_</u>			
CT CORPORATION SYSTEM					<u> </u>	•								
C/O CT CORPORATION SYSTEM				Street Address (			aress (P.C	P.O. Box Number is Not Acceptable)						
1200 SOUTH PINE ISLAND RD.												<del></del> -		
PLANTATION FL 33324												T 5:- 0-4		
FEATURATION FE 35524						City					FL	Zip Code	€	
	named entity ions of regist	v submits this statement fered agent.	or the purpos	e of changing its re	egistered	office or re	egistered	agent, or b	ooth, in the Stat	e of Florida	. I am far	niliar with,	and accept	
SIGNATURE .	Signature, typed	or printed name of registered agen	t and title if applica	ble. (NOTE:	Registered Ag	gent signature	required wh	en reinstating)	· ·	<del></del>	DATE		<del></del>	
After May 1, 2003 Fee will be \$550.00  Make Check Payable to Fiorida Department of State  10. OFFICERS AND DIRECTORS							··.		Election Campa	tribution.		Added	0 May Be I to Fees	
10.	VPTD	OFFICERS AND	DIRECTORS		11.	- In	D, CE	T	S/CHANGES T	O OFFICER		Change	X Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SCHILLING 1001 IVES	GER, JEFFREY DAIRY RD CH FL 33180		<b>⊠</b> Delete	TITLE NAME STREET A	ADDRESS :	STEVE 2828	N M. S	COTT, M. AILE DR	D.	L	Change	Abdition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	1001 IVES	BER, DAVID DAIRY RD CH FL 33189		X Delete	TITLE NAME STREET A	ADDRESS	P, CF JACK 2828	O S. GRE	ENMAN AILE DR		[	] Change	X Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete	TITLE NAME STREET A	ADDRESS 2	ST WEGNE 2828	R, ANI	TA S AILE DR		[	Change	X Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete	TITLE NAME STREET A							_ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete	TITLE NAME STREET A CITY-ST-						[	] Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete	TITLE NAME STREET A CITY-ST-			110 07/0	N() =		[	] Change	Addition	

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:** 

02-11-03

919 383 0355