

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

**FILED**  
**Apr 03, 2003 8:00 am**  
**Secretary of State**

04-03-2003 90107 048 \*\*\*150.00

0086677 AV

**DOCUMENT # P97000068116**

1. Entity Name

ETCO SALES, INC.



Principal Place of Business

103 HIGHLINE DRIVE  
LONGWOOD FL 32750

Mailing Address

POST OFFICE BOX 521215  
LONGWOOD FL 32752-1215

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3462882

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

7. Name and Address of New Registered Agent

VIHLEN & SILLS, P.A.

1173 SPRING CENTRE SOUTH BOULEVARD

SUITE C

ALTAMONTE SPRINGS FL 32714

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  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete  
NAME D  
STREET ADDRESS VIHLEN, SIDNEY L III  
CITY-ST-ZIP 1173 SPRING CENTRE S. BLVD., SUITE C  
ALTAMONTE SPRINGS FL 32714

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

TITLE ☐ Delete  
NAME D  
STREET ADDRESS BAUMAN, KARLA L  
CITY-ST-ZIP 1173 SPRING CENTRE S. BLVD., SUITE C  
ALTAMONTE SPRINGS FL 32714

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

TITLE ☐ Delete  
NAME P  
STREET ADDRESS PEMBERTON, TODD  
CITY-ST-ZIP 103 HIGHLINE DRIVE  
LONGWOOD FL 32750

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

TITLE ☐ Delete  
NAME VP  
STREET ADDRESS REY, RENATO  
CITY-ST-ZIP 103 HIGHLINE DRIVE  
LONGWOOD FL 32750

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

TITLE ☐ Delete  
NAME T  
STREET ADDRESS DARBY, DONNA M  
CITY-ST-ZIP 103 HIGHLINE DRIVE  
LONGWOOD FL 32750

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

TITLE ☐ Delete  
NAME S  
STREET ADDRESS PEMBERTON, WALTER B  
CITY-ST-ZIP 103 HIGHLINE DRIVE  
LONGWOOD FL 32750

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:

*Todd Pemberton*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-1-03

Date

407-831-6688

Daytime Phone #

CR2E034 (10/02)