

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

DOCUMENT # **P97000069775**

1. Entity Name
ECHO REPORTING SERVICE, INC.



**FILED
Mar 12, 2003 8:00 am
Secretary of State**

03-12-2003 90139 006 ***150.00

10037445



CHECK HERE IF MAKING CHANGES

Principal Place of Business
**515 N FLAGLER DR
P200
WEST PALM BEACH FL 33401
US**

Mailing Address
**4364 BUTTERNUT ST
WEST PALM BEACH FL 33410**

2. Principal Place of Business
4364 Butternut St.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Palm Beach Gardens, FL

4. FEI Number 65-0776346	Applied For
	Not Applicable

Zip **33410** Country **US**

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

6. Name and Address of Current Registered Agent

**PETERSEN, JANE
4364 BUTTERNUT ST
WEST PALM BEACH FL 33410**

Name

Street Address (P.O. Box Number is Not Acceptable)
4364 Butternut St.

City **Palm Beach Gardens** FL **33410** 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 **P**
NAME **PETERSEN, JANE P**
STREET ADDRESS **4364 BUTTERNUT ST**
CITY-ST-ZIP **WEST PALM BEACH FL 33410**

Delete

TITLE **JANE P. Petersen**
NAME **4364 Butternut St**
STREET ADDRESS **Palm Beach Gardens, FL 33410**
CITY-ST-ZIP

Change

Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

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CITY-ST-ZIP

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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CF2E034 (10/02)