

# 2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 30, 2001 08:00 AM  
Secretary of State

DOCUMENT # P97000080386

1. Entity Name  
ECLAT INCORPORATED, A PUBLISHING AND INFORMATION COMPAN  
NY

Principal Place of Business	Mailing Address
100 SECOND AVENUE SOUTH SUITE 704 ST. PETERSBURG FL 33701	100 SECOND AVENUE SOUTH SUITE 704 ST. PETERSBURG FL 33701

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 59-3493011  
Applied For Not Applicable

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

GIBBS B. GRAY  
100 SECOND AVENUE SOUTH  
SUITE 704  
ST. PETERSBURG FL 33701 US

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 \_\_\_\_\_ DATE 04/30/2001  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	PSTD	<input type="checkbox"/> Delete
NAME	STACK PETER	
STREET ADDRESS	100 SECOND AVE. SOUTH, STE #201	
CITY-ST-ZIP	ST PETERSBURG FL 33701	

TITLE	PSTD	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	STACK PETER		
STREET ADDRESS	100 SECOND AVE. SOUTH, STE #704-S		
CITY-ST-ZIP	ST PETERSBURG FL 33701		

TITLE	PSTD	<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	PSTD	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			

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STREET ADDRESS		
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TITLE	PSTD	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
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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: Peter Stack  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PSTD 04/30/2001

Date Daytime Phone #

CR2E034 (11/00)