FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 06, 2002 8:00 am
Secretary of State
06-06-2002 90085 006 ***150.00

DOCUMENT # P98000000242

1. Entity Name: ECHO EXPO, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
726 CENTRAL FL PKWY	2316 NE Minnehaha
Suite, Apt. #, etc.: #4	Suite, Apt. #, etc.: Vancouver WA
City & State: ORLANDO FL	City & State:
Zip: 32824 Country: USA	Zip: 98665 Country: USA

DO NOT WRITE IN THIS SPACE

4. FEI Number: 59-3486105 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: CHRIS HEALY

Street Address (P.O. Box Number is Not Acceptable): 2975 N. NARCOOSSEE RD.

City: ORLANDO FL Zip Code: 34771

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 Florica.

SIGNATURE _____ DATE
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) ☐

January 1 - May 1 Fee is $150.00
After May 1 Fee is $550.00
Amended UBR is $61.25
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

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PRESIDENT TINA CANNARD 2316 NE Minnehaha VANCOUVER WA 98665
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V.P. CHRIS CANNARD 2316 NE MINNEHAHA VANCOUVER WA 98665
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SEC. CHRIS HEALY 726 CENTRAL FL PKWY #4 ORLANDO FL 32824
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TREA. BRIAN STURGIS 726 CENTRAL FL PKWY #4 ORLANDO FL 32824
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CR2E034B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: _____ CHRIS CANNARD 6/3/02 503-234-1552
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #