## 2000 UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT # P98000040007

1. Entity Name

ECHO INTERNATIONAL, INC.

Principal Place of Business

Mailing Address

1710 N. TAMIAMI TRAIL NAPLES FL 34102 P.O. BOX 7308 NAPLES FL 34101-7308

NAPLES FL 341	02		NAPLES FL 34101-7308										
2. Principal Pl	lace of Busir	ness	3. Mailing Address										
Suite, Apt.	#, etc.		Suite, Apt. #, etc.						DO NOT WE	RITE IN THIS	SPACE		
City & State	e		City & State				<b>4</b> . F	El Number	59-35103	57	<u> </u>	plied For	
_Zip		Country	Zip	try	-5. Certificate of Status Desired				\$8.75_Additional				
	egistered Agent					7. Name and Address of New Registered Agent							
RATHKOLB, BELINDA 3740 FIELDSTONE BLVD. #1005 NAPLES FL 34109					Name  Street Address (P.O. Box Number is Not Acceptable)  1701 COURTYARD WAY A-205								
:					NAPL	ES				FI	Zip Cod 3 4 1	2	
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.													
SIGNATI IRE													
-	SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE. Registered Agent signature required when reinstating)  DATE												
<ol> <li>This corporation is eligible to satisfy its Intangible         Tax filing requirement and elects to do so.         (See criteria on back)</li></ol>			FILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of S			50.00	9		on Campaign I Fund Contribut			<b>0</b> May Be I to Fees	
11. OFFICERS AND E			RECTORS 12.				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11						
TITLE NAME STREET ADDRESS CITY-ST-ZIP	RATHKOLB, GERALD 3740 FIELDSTONE BLVD. #1005				E E Eet address - St- Zip				ARD WA 34112	Y A-20	Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	3740 FIE	LB, JENNIFER LDSTONE BLVD. #1005 FL=34109	□ Delete	I		170	1 (	COURTY	ARD WA	Y A-20	☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RATHKOI 3740 FIE	LB, BELINDA LDSTONE BLVD. #1005 FL 34109	☐ Delete	TITLE NAM STRE					ARD WA 34112	YA - 20	☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete								☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete								☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete								☐ Change	Addition	
indicated of the cor	on this repo	e information supplied with t rt or supplemental report is t he receiver or trustee empov achment with an address, wi	rue and accurate and that maked the continuation of the continuati	ny signa: as requi	t⊔re shail h.	ave the sa	ame le	enal ettect a	s it made unde	er oath: that l	lam an officer	or director in	

**FILED** 

Feb 19, 2000 8:00 am Secretary of State 02-19-2000 90025 045 \*\*\*155.00