

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 15, 2003 8:00 am
Secretary of State

01-15-2003 90198 009 ***150.00

DOCUMENT # P98000045640

1. Entity Name
THE GEORGE ECKES COMPANY



Principal Place of Business
**228 LE STARBOARD DR.
PENSACOLA BEACH FL 32561**

Mailing Address
**228 LE STARBOARD DR.
PENSACOLA BEACH FL 32561**

10005542



2. Principal Place of Business

324 DEERPOINT DR

3. Mailing Address

324 DEERPOINT DR

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

GULF BREEZE FL

City & State

GULF BREEZE FL

4. FEI Number

59-3512969

Applied For

Not Applicable

Zip

32561

Country

US

Zip

32561

Country

US

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**ECKES, GEORGE H
228 LE STARBOARD DR.
PENSACOLA BEACH FL 32561**

7. Name and Address of New Registered Agent

Name

ECKES, GEORGE H

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

324 DEERPOINT DR

City

GULF BREEZE

FL

Zip Code

32561

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

TITLE **PVP** ☐ Delete
NAME **ECKES, GEORGE H**
STREET ADDRESS **228 LE STARBOARD DR**
CITY-ST-ZIP **PENSACOLA BEACH FL 32561**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
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CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
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TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **324 DEERPOINT DR**
CITY-ST-ZIP **GULF BREEZE FL 32561**

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

TITLE ☐ Change ☐ Addition
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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: SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12 JAN 03

8509341210

Date

Daytime Phone #

CR2E034 (10/02)