

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

FILED
May 15, 2002 8:00 am
Secretary of State

05-15-2002 90071 041 ***150.00

DOCUMENT # **P98000058812 ✓**
1. Entity Name **ECHOLS INVESTMENTS, INC.**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
947 CENTRAL AVE
Suite, Apt. #, etc.

3. Mailing Address
SAME
Suite, Apt. #, etc.

City & State
NAPLES, FL.
Zip
34102
Country
COLLIER

City & State
NAPLES, FL.
Zip
34102
Country
COLLIER

4. FEI Number
65-0846061

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
RONALD DEAN
Street Address (P.O. Box Number is Not Acceptable)
947 CENTRAL AVE
City
NAPLES, FL Zip Code
34102

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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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
**VECHIL R. ECHOLS - PRES
2404 PINWOOD CIRCLE
NAPLES, FL. 34105**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**V. PRES
RONALD R. DEAN
2404 PINWOOD CIRCLE
NAPLES, FL. 34105**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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IN THIS SPACE**

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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

RONALD DEAN

Date

28 April 2002

Daytime Phone #

941-435-1210

CR2E034B (12/01)