

**2001 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # P98000063808**

1. Entity Name

**ECA, INC.****FILED****Feb 03, 2001 8:00 am**  
**Secretary of State**

02-03-2001 90016 042 \*\*\*150.00

Principal Place of Business

**5772 TAMARACK DR.  
PACE FL 32571  
US**

Mailing Address

**P.O. BOX 15666  
PENSACOLA FL 32514  
US**

2. Principal Place of Business

**3 W. Nine Mile Road**

3. Mailing Address

**P.O. Box 7585**

Suite, Apt. #, etc.

**Suite 6**

Suite, Apt. #, etc.

City &amp; State

**Pensacola, FL**

City &amp; State

**Pensacola, FL**

Zip

Country

**32534**

Zip

Country

**32534**

4. FEI Number

**59-3523350**

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

**MCKEE, LARRY E  
5772 TAMERACK DR  
PACE FL 32571**

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

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) ☐**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 NAME STREET ADDRESS CITY-ST-ZIP	<b>PD MCKEE, GLORIA J 5772 TAMERACK DR PACE FL 32571</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D MCKEE, LARRY E 5772 TAMERACK DR PACE FL 32571</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DST FROMMEL, ELEANOR L 5340 SUSSEX LANE PACE FL 32571</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D FIELDS, MICHAEL 6 EARL CT PENSACOLA FL 32507</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

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

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: *Clean L. F.*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/29/01

Date

850 476 4686

Daytime Phone #

CR2E034 (10/00)