

5/8

2002 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P98000071828**1. Entity Name
ECS OF MISSISSIPPI, INC.Principal Place of Business
**1001 IVES DAIRY ROAD, SUITE 206
NORTH MIAMI BEACH FL 33180
US**Mailing Address
**1001 IVES DAIRY ROAD, SUITE 206
NORTH MIAMI BEACH FL 33180
US****FILED****02 JUN 19 AM 10:44****SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0860641

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

**SCHILLINGER, JEFFREY P
1001 IVES DAIRY ROAD, SUITE 206
NORTH MIAMI BEACH FL 33180**

7. Name and Address of New Registered Agent

CT Corporation System
Street Address (P.O. Box Number Is Not Acceptable)**1200 South Pine Island Road**
City **Plantation** FL Zip Code **33324**

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, 2002 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**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPTD SCHILLINGER, JEFFREY 1001 IVES DAIRY ROAD, #206 NORTH MIAMI BEACH FL 33180	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSO SCHILLINGER, DAVID 1001 IVES DAIRY ROAD, #206 NORTH MIAMI BEACH FL 33180	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:

SIGNATURE OF JEFFREY P. SCHILLINGER
SIGNATURE AND TYPED PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1/10/02

Daytime Phone #

CP2E034 (9/01)