

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P98000079263

FILED
Apr 30, 2002 8:00 AM
Secretary of State

Entity Name: ECLIPSE II, INC.

Current Principal Place of Business:

1311 NORTH WESTSHORE BLVD., SUITE 300
TAMPA, FL 33607

New Principal Place of Business:

5050 WEST LEMON STREET
TAMPA, FL 33609

Current Mailing Address:

1311 NORTH WESTSHORE BLVD., SUITE 300
TAMPA, FL 33607

New Mailing Address:

5050 WEST LEMON STREET
TAMPA, FL 33609

FEI Number: 65-0860603

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

STILES, MARY ANN
315 PLANT AVENUE
TAMPA, FL 33606 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so (X).

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PSD () Delete
Name: COURTNEY, CALVERT N
Address: 2202-6TH ST W
City-St-Zip: PALMETTO, FL 34221

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: MCALLISTER III, JOHN E
Address: 5050 WEST LEMON STREET
City-St-Zip: TAMPA, FL 33609

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOHN E MCALLISTER III

D

04/30/2002

Electronic Signature of Signing Officer or Director

Date