

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000105489

1. Entity Name

ECOVENTURE PVB, INC.

Principal Place of Business

601 Bayshore Blvd., Ste. 960
Tampa, FL 33606

Mailing Address

601 Bayshore Blvd., Ste. 960
Tampa, FL 33606

2. Principal Place of Business

430-B Royal Pines Parkway

3. Mailing Address

430-B Royal Pines Parkway

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

St. Augustine, FL

City & State

St. Augustine, FL

4. FEI Number

59-3552129

Applied For

Not Applicable

Zip
32092

Country
U.S.

Zip
32092

Country
U.S.

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

Oelschlaeger, Edward R.
601 Bayshore Blvd., Ste. 960
Tampa, FL 33606

7. Name and Address of New Registered Agent

Name
Weber, Bryan L.
Street Address (P.O. Box Number is Not Acceptable)
430-B Royal Pines Parkway

City
St. Augustine, FL

FL Zip Code
32092

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

Bryan L. Weber

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, 2000 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
D Oelschlaeger, Edward R.
STREET ADDRESS
601 Bayshore Blvd., Ste. 960
CITY-ST-ZIP
Tampa, FL 33606

☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
D/P/S/T
Weber, Bryan L.
STREET ADDRESS
430-B Royal Pines Parkway
CITY-ST-ZIP
St. Augustine, FL 32092

☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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☐ Change ☐ Addition

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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)(i), Florida Statutes. 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

Bryan L. Weber, President

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

(904) 940-9060

Daytime Phone #

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 JUN 13 PM 3:02

DO NOT WRITE IN THIS SPACE