

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jun 02, 2003 8:00 am**  
**Secretary of State**

06-02-2003 90202 014 \*\*\*550.00

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DOCUMENT # P99000000881

1. Entity Name  
EICKHOFF ECONOMICS INCORPORATED



Principal Place of Business  
800 LAUREL OAK DR., STE. 200  
NAPLES FL 34108

Mailing Address  
800 LAUREL OAK DR., STE. 200  
NAPLES FL 34108



Principal Place of Business

1164  
1048 Goodlette-Frank Rd, N

Suite, Apt. #, etc.

P.O. Box 10608

City & State  
Naples, FL

Zip  
34101

Country  
USA

Mailing Address

1164  
1048 Goodlette-Frank Rd, N

Suite, Apt. #, etc.

P.O. Box 10608

City & State  
Naples FL

Zip  
34101

Country  
Other USA

☒ CHECK HERE IF MAKING CHANGES

4. FEI Number 13-3415752

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

EICKHOFF, M. KATHRYN  
800 LAUREL OAK DR., STE. 200  
NAPLES FL 34108

7. Name and Address of New Registered Agent

Name  
M. KATHRYN EICKHOFF  
Street Address (P.O. Box number is Not Acceptable)  
1164 1048 Goodlette-Frank Rd, N  
P.O. Box 10608  
City  
NAPLES, FL Zip Code  
34101

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *M. Kathryn Eickhoff*  
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

5-13-03

DATE

☒ **FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ \$5.00 May Be  
Added to Fees.

10. OFFICERS AND DIRECTORS

TITLE PD  
NAME EICKHOFF, M K  
STREET ADDRESS 800 LAUREL OAK DR STE 200  
CITY-ST-ZIP NAPLES FL 34108 ☐ 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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD  
NAME M. Kathryn Eickhoff  
STREET ADDRESS 1048 Goodlette-Frank Rd, N  
CITY-ST-ZIP NAPLES FL 34101 ☒ Change ☐ Addition

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

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

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

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

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *M. Kathryn Eickhoff* M. KATHRYN EICKHOFF 239-263-8291  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)