2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE: SIGNATURE AND THE OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DOCUMENT # P9900008753

1. Entity Name

ECO-ONE SERVICES, INC.

Principal Place	e of Business	Mailing Address		ľ					
2557 VENTURA WEST MELBOUR		2557 VENTURA CIRCLE WEST MELBOURNE FL 32904-7466			ยนาผบบ				
					: (82)(88) (1 8 (8)(8)	(8)))		LIF a d Fort 1 4 d t	
2. Principal Pi	ace of Business UEST Hishway 520	3. Mailing Address	Mailing Address						
Suite, Apt.	30x 9	Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE				
Cocca, Florida		City & State		4.	FEI Number 5	7-35609	00	applied For lot Applicable]
3292k	Country USA	Zip	Country	5.	Certificate of Statu	us Desired 🔲	\$8.75 Ac Fee Requir		
	6. Name and Address of Current I	Registered Agent	· - Nan		Name and Address	ss of New Register	ed Agent		-
RHYMER, MICHAEL 2557 VENTURA CIRCLE				Street Address (P.O. Box Number is Not Acceptable)					
	T MELBOURNE FL 32904		-	<u></u>					1
			City			F	Zip Co	de	1
8. The above	named entity submits this statement for	the purpose of changing its	registered offic	ce or registered a	agent, or both, in the	e State of Florida.			1
									1
SIGNATURE _	Signature, typed or printed name of registered agent a	nd title if applicable (NOTE	: Registered Agent s	signature required when	reinstating)	DA	TE .		
Tax filing re	oration is eligible to satisfy its Intangible equirement and elects to do so. ia on back)	After MAY 1, 200	LE NOW!!! FEE IS \$150.00 MAY 1, 2000 Fee will be \$550.00 eck Payable to Department of State			ampaign Financing Contribution		00 May Be ad to Fees	
11.	/ OFFICERS AND I	DIRECTORS	12.	, A	ADDITIONS/CHANG	GES TO OFFICERS	AND DIRECTOR	RS IN 11	1_
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RHYMER, MICHAEL 2557 VENTURA CIRCLE WEST MELBOURNE FL 32904	☐ Delete	TITLE NAME STREET ADDR CITY-ST-ZIP		er, Shari Ventura C Davrne, FL		☐ Change	✓ Addition	R2E034 (9/99)
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDR CITY-ST-ZIP	P Rhyme 2557 V	er, Michaelotura Ci bourne, FL	el rile	☐ Change	Addition	5
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDR CITY-ST-ZIP	ESS			☐ Change	Addition	
indicated of the cor	ertify that the information supplied with on this report or supplemental report is poration or the receiver or trustee empo or on an attachment with an address, v	true and accurate and that n wered to execute this report	ny signature sh as required by	all have the same	e legal effect as it m	iade under oath: thi	at I am an office	er or director	

FILED

Apr 25, 2000 8:00 am Secretary of State 04-25-2000 90041 042 ***150.00