2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000023903



Sep 18, 2000 8:00 am Secretary of State 1. Entity Name ECHOLAN, INCORPORATED 09-18-2000 90001 003 ***158.75 Principal Place of Business Mailing Address 1327 LONGHILL DRIVE 1327 LONGHILL DRIVE APOPKA FL 32712 APOPKA FL 32712 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name BRAGG, LORI A Street Address (P.O. Box Number is Not Acceptable) 1327 LONGHILL DRIVE APOPKA FL 32712 Zip Code 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 (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$550.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After SEPTEMBER 13, 2000 Min. will be \$750.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. TITLE ☐ Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Acopka F TITLE Change ☐ Addition Detete TITLE William A. Braga NAME NAME 1327 Longhill Drive STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE NAME MAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change Addition | NAME NAME STREET ADDRESS STREET ADDRESS

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 11 or Block 12 if

CITY-ST-ZIP

STREET ADDRESS CITY-ST-ZIP

TITLE

NAME

SIGNATURE:

CITY-ST-ZIP

TITLE

NAME STREET ADDRESS

☐ Delete

Addition

Change

Attachment Dtt. pgg ywa3903 p US Barg



September 9, 2000

To Whom It May Concern:

Enclosed is the Uniform Business Report for echoLAN, Inc. I don't remember receiving the first notice for this report and therefore I have enclosed the original \$150 required. This was our first year of incorporation and I am unfamiliar with all of the paperwork required – to be honest, I'm a bit overwhelmed! I hope to get better at this.

Sincerely,

Lori Bragg echoLAN, Inc.