

2000 UNIFORM BUSINESS REPORT (UBR)

0125106

DOCUMENT # P99000033472

1. Entity Name
ECOES CONSULTING, INC.

FILED

00 DEC -7 AM 9:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address
7341 GLENWOOD ROAD 7341 GLENWOOD ROAD
COCOA FL 32927 COCOA FL 32927-3025



REINSTATEMENT

2. Principal Place of Business 3. Mailing Address
Suite, Apt. #, etc. Suite, Apt. #, etc.
City & State City & State
Zip Country Zip Country

4. FEI Number **59-35733110** ☐ Additional Fee Required
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
BARKASZI, MARY JO
7341 GLENWOOD ROAD
COCOA FL 32927

7. Name and Address of New Registered Agent
Name **STEPHEN F. BARKASZI RE**
Street Address (P.O. Box Number is Not Acceptable)
7341 GLENWOOD RD
City **COCOA** FL Zip Code **32927**

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 *[Signature]* **NO CHANGE** **MARY JO BARKASZI** **9-13-2000**
[Signature] **STEPHEN F. BARKASZI RE** **321-635-8477**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE **1-Dec-2000**

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐
10. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BARKASZI, MARY J 7341 GLENWOOD ROAD COCOA FL 32927 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	200003509322--6 -12/20/00--01083--017 ****200.00 ****200.00 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BARKASZI, STEVE 7341 GLENWOOD ROAD COCOA FL 32927 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	BARKASZI, STEPHEN 7341 GLENWOOD RD COCOA FL 32927 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BARKASZI, BILLIE A 200 S. KEESEY ST. YORK PA 17402 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	200003509322--6 -12/20/00--01083--018 ****550.00 ****550.00 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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. 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]* **STEPHEN F. BARKASZI PE** **9-13-2000** **321-635-8477**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)