

200 UNIFORM BUSINESS REPORT (UBR)**FILED**
May 12, 2001 8:00 am
Secretary of State

05-12-2001 90005 022 ***150.00

DOCUMENT # P99000050861

Entity Name

E.C.H., INC.

Principal Place of Business

**6144 103rd Ave. N.
Pinellas Park, FL
33782**

Mailing Address

**6144 103rd Ave. N.
Pinellas Park, FL
33782**

Principal Place of Business

Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-3577841**Applied For
Not Applicable5. Certificate of Status Desired ☐**\$8.75** Additional
Fee Required

DO NOT WRITE IN THIS SPACE

A0063929

6. Name and Address of Current Registered Agent

**Lovellace, William K. Esquire
2310 West Bay Dr.
Largo, FL**

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

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, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent's signature required when certifying)

Date

1. 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 State10. Election Campaign Financing
Trust Fund Contribution ☐**\$5.00** May Be
Added to Fees

1. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
**Pres
Herrmann, Edward
6144 103rd Ave. N.
Pinellas Park, FL 33782** ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP ☐ Delete

12. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP ☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP ☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP ☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP ☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP ☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP ☐ Change ☐ Addition

3. I hereby certify that the information supplied with this filing does not qualify for the exemption added in Section 119.07(3)(c), 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 Section 119.07(3)(c), Florida Statutes, and that my name appears in Block 11 or Block 12 or changed, or on an attachment with an address, with all other like empowered

SIGNATURE:



CR2E034 (9/99)