## **2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)**

## P99000054118 DOCUMENT #

1. Entity Name

EICO ENTERPRISES, INC.



**FILED** Apr 28, 2003 8:00 am Secretary of State

04-28-2003 91830 033 \*\*\*150.00

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Principal Place of Business 5381 HOFFNER AVENUE ORLANDO FL 32812		5381	Mailing Address 5381 HOFFNER AVENUE ORLANDO FL 32812				T (DENIADO NO INGESTRA TENA TENA		} <b>     </b>		
2. Principal Place of Business		3. Ma	3. Mailing Address								
Suite, Apt. #, etc.		Suit	Suite, Apt. #, etc.			☐ CHECK HERE IF MAKING CHANGES					
City & State		City	& State			4. FEI Number 59-3581708			Applied For Not Applicable		
Zip	Country	Zip		Country		<b>5.</b> Cer	tificate of Status Desired		8.75 Add ee Require		
	6. Name and Address of Curren	Register	ed Agent		ame	7. Nan	ne and Address of New R	egistered A	gent		-
SCHULMAN, BERNARD											
5381 HOFFNER AVENUE			Street A			dress (P.O. Box Number is Not Acceptable)					
ORLANDO	FL 32812										
				Cit	y			FL	Zip Cod	e	
	named entity submits this statement fions of registered agent.	or the purp	oose of changing its re	egistered off	ice or registere	ed agent,	, or both, in the State of Flo	rida. I am fa	ımiliar with,	and accept	
• SIGNATURE .											
	Signature, typed or printed name of registered agen	and title if app	oficable. (NOTE: I	Registered Agen	t signature required	when reinsta	ating)	DATE			
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of							9. Election Campaign Fin Trust Fund Contribution			<b>0</b> May Be i to Fees	
10.	OFFICERS AND	DIRECTO	DRS	11.		ADDIT	IONS/CHANGES TO OFF	ICERS AND	DIRECTORS	3 IN 11	ł
TITLE	D		☐ Delete	TITLE					☐ Change	☐ Addition	
name Street address	SCHULMAN, BERNARD 5381 HOFFNER AVENUE			NAME STREET ADD	nacee						1
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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 filtered 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 of frustee 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:

Date

Daytime Phone #