

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000064558

1. Entity Name

ECM OF SOUTH FLORIDA, INC.

FILED
May 05, 2000 8:00 am
Secretary of State

05-05-2000 90087 039 ***150.00

Principal Place of Business

10615 E. MANSLUCK RD.
LOUISVILLE KY 40118

Mailing Address

10615 E. MANSLUCK RD.
LOUISVILLE KY 40118-9552

2. Principal Place of Business

9000 W. Sheridan Street

3. Mailing Address

9000 W. Sheridan St.

Suite, Apt. #, etc.

Suite 130

Suite, Apt. #, etc.

Suite 130

City & State

Pembroke Pines FL

City & State

Pembroke Pines FL

Zip

33024

Country

Broward

Zip

33024

Country

Broward

4. FEI Number

58-2481817

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

BARNETT, CHARLES D
500 AUSTRALIAN AVE. S., STE 800
WEST PALM BEACH FL 33401

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. 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 State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE D ☐ Delete
NAME BOYD, TODD P
STREET ADDRESS 10615 E. MANSLUCK RD.
CITY-ST-ZIP LOUISVILLE KT 40118

TITLE D ☒ Delete
NAME FORD, DOUGLAS D
STREET ADDRESS 10615 E. MANSLUCK RD.
CITY-ST-ZIP LOUISVILLE KT 40118

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 9000 W. Sheridan St. Suite 130
CITY-ST-ZIP Pembroke Pines, FL 33024

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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STREET ADDRESS
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)