

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 15, 2001 8:00 am
Secretary of State

05-15-2001 90191 010 ***150.00

DOCUMENT # P99000064558

1. Entity Name

ECM OF SOUTH FLORIDA, INC.

Principal Place of Business

9000 W SHERIDAN STREET
 SUITE 130
 HOLLYWOOD FL 33024

Mailing Address

9000 W SHERIDAN STREET
 SUITE 130
 HOLLYWOOD FL 33024

00066490



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3590 NW 54th St.

Suite, Apt., #, etc.

Bay #6

3. Mailing Address

PO Box 101245

Suite, Apt., #, etc.

City & State

Ft. Lauderdale FL

City & State

Ft. Lauderdale FL

Zip

33309

Country

US

Zip

33310

Country

US

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

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

7. Name and Address of New Registered Agent

Name

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, 2001 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 ☐ Delete
 NAME D
 STREET ADDRESS BOYD, TODD P
 CITY-ST-ZIP 9000 W SHERIDAN ST SUITE 130
 HOLLYWOOD FL 33024

TITLE ☐ Delete
 NAME D
 STREET ADDRESS FORD, DOUGLAS D
 CITY-ST-ZIP 10615 E. MANSICK RD.
 LOUISVILLE KY 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
 CITY-ST-ZIP

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

TITLE ☐ Change ☐ Addition
 NAME
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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 #

CR2034 (10/00)