

# 2000 UNIFORM BUSINESS REPORT (UBR)

5.

DOCUMENT # P99000066131

1. Entity Name

ECCENTRIC MANAGEMENT, INC.

Principal Place of Business

Mailing Address

2650 N.E. 52ND ST.  
LIGHTHOUSE POINT FL 33064-7052

2650 N.E. 52ND ST.  
LIGHTHOUSE POINT FL 33064-7052

2. Principal Place of Business

671 NE 57TH Street

Suite, Apt. #, etc.

3. Mailing Address

671 NE 57TH Street

Suite, Apt. #, etc.

City & State

Fort Lauderdale FL

Zip

33334

Country

City & State

Fort Lauderdale FL

Zip

33334

Country

4. FEI Number

65-095316

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

WILLIAMS, STEPHEN G  
2650 N.E. 52ND ST.  
LIGHTHOUSE POINT FL 33064-7052

7. Name and Address of New Registered Agent

Name  
Nicole Brandenburg, Nicola

Street Address (P.O. Box Number is Not Acceptable)  
671 NE 57TH Street

City  
Ft. Lauderdale FL Zip Code  
33334

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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
PTSD  
NICOLE-BRANDENBURG, NICOLA  
671 N.E. 57TH STREET  
FORT LAUDERDALE FL 33334 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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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 #

FILED  
Jun 01, 2000 8:00 am  
Secretary of State

05-03-2000 90065 020 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

65-0953156

CR2E034 (9/99)