

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 27, 2000 8:00 am
Secretary of State

03-27-2000 90072 046 ***150.00

DOCUMENT # P99000086670

1. Entity Name
ECHO EXCHANGE, INC.

Principal Place of Business

**2114 STANLEY STREET
 ORLANDO FL 32803**

Mailing Address

**2114 STANLEY STREET
 ORLANDO FL 32803-6011**

2. Principal Place of Business

12225 University Blvd.

3. Mailing Address

12225 University Blvd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Orlando

City & State

Orlando

Zip

Country

FL

32817

Zip

Country

FL

32817

6. Name and Address of Current Registered Agent

**SANDERSON, HEATHER
 2114 STANLEY STREET
 ORLANDO FL 32803**

7. Name and Address of New Registered Agent

Name **Heather Sanderson**
 Street Address (P.O. Box Number is Not Acceptable) **1700 Woodbury Rd. #2310**
 City **Orlando** FL Zip Code **32828**

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 **H Sanderson** president

(NOTE: Registered Agent signature required when reinstating)

DATE **3/21/00**

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 | <input type="checkbox"/> Delete |
| NAME | SANDERSON, HEATHER | |
| STREET ADDRESS | 2114 STANLEY STREET | |
| CITY-ST-ZIP | ORLANDO FL 32803 | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | WILSON, HEATHER | |
| STREET ADDRESS | 2114 STANLEY STREET | |
| CITY-ST-ZIP | ORLANDO FL 32803 | |
| TITLE | D | <input checked="" type="checkbox"/> Delete |
| NAME | MAKINDA, LEONARD | |
| STREET ADDRESS | 2114 STANLEY STREET | |
| CITY-ST-ZIP | ORLANDO FL 32803 | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | |
|----------------|--|---|
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> 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: **H Sanderson**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE **3/21/00** (407) 381-3344

Daytime Phone #

CR2E034 (9/99)