

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P99000107431****1. Entity Name**
ECKERSON ELECTRONICS, INC.**FILED**
Jan 09, 2001 8:00 am
Secretary of State

01-09-2001 90037 043 ***150.00

Principal Place of Business
72190 BENJAMIN RD
TAMPA FL 33634**Mailing Address**
72190 BENJAMIN RD
TAMPA FL 33634**2. Principal Place of Business**

7219 Benjamin Rd.

3. Mailing Address

7219 Benjamin Rd.

Suite, Apt. #, etc.

Suite D

Suite, Apt. #, etc.

Suite D

City & State

Tampa FL

City & State

Tampa FL

Zip

33634

Country

USA

Zip

33634

Country

USA

4. FEI Number

59-3611301

Applied For

Not Applicable

5. Certificate of Status Desired ☒ **\$8.75 Additional**

Fee Required

6. Name and Address of Current Registered AgentECKERSON, ELAINE
2912 CEDARIDGE DR
TAMPA FL 33618**7. Name and Address of New Registered Agent**

Name

ECKERSON, ELAINE

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

17604 Hickory Tree Court

City

Lutz

FL

Zip Code

33549

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	Chairman PRESIDENT	<input type="checkbox"/> Delete
NAME	Hugh J. Eckerson	
STREET ADDRESS	17604 Hickory Tree Ct.	
CITY-ST-ZIP	Lutz, FL 33549	

TITLE	Sec'y/Treas.	<input type="checkbox"/> Delete
NAME	ELAINE M. ECKERSON	
STREET ADDRESS	17604 Hickory Tree Ct.	
CITY-ST-ZIP	Lutz, FL 33549	

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
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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		

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:**Elaine M. Eckerson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR01/03/01
Date813-889-9800
Daytime Phone #

CR2E034 (10/00)