2000 UNIFORM BUSINESS REPORT (UBR)

3. Mailing Address

City & State

Suite, Apt. #, etc.

DOCUMENT # P99000107725

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

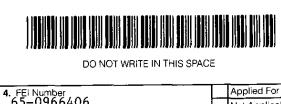
9.

ECS OF INDIANA, INC. Principal Place of Business Mailing Address ICC: IVES DAIRY ROAD 1001 IVES DAIRY ROAD **SUITE 206** NORTH MIAMI BEACH FL 33180 MIAMI BEACH FL 33180

FILED
Mar 03, 2000 8:00 am
Secretary of State

03-03-2000 90260 043 ***150.00

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		1		05 0300400		Not Applicable
Zip	Country	Zip	Country	5. Certificate of Status Desired		75 Additional Required
	6. Name and Address of Curre	ent Registered Agent		7. Name and Address of New Reg	gistered Agent	
-	<u> </u>		Name			
SCHILLINGER, JEFFREY P 1001 IVES DAIRY ROAD SUITE 206 NORTH MIAMI BEACH FL 33180			Street Address	Street Address (P.O. Box Number is Not Acceptable)		
			City		FL Z	ip Code
The above na	med entity submits this statemer	nt for the purpose of ch	anging its registered office or regis	stered agent, or both, in the State of Florid	da.	
SIGNATURE	nature, typed or printed name of registered a	gent and title if applicable	(NOTE: Registered Agent signature req	uired when reinstating)	DATE	
,	ion is eligible to satisfy its Intanguirement and elects to do so.	After N	E NOW!!! FEE IS \$150.00 MAY 1, 2000 Fee will be \$550.0 ck Payable to Department of	Tust Fulla Contribution.		\$5.00 May Be Added to Fees

11.	OFFICERS AND DIRECTORS	12.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPTD SCHILLINGER, JEFFREY 1001 IVES DAIRY ROAD, #206 NORTH MIAMI BEACH, FL 33180	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addi
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD Delete SCHILLINGER, DAVID 1001 IVES DAIRY ROAD, #206 NORTH MIAMI BEACH, FL 33180	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addi
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Délete	NAME STREET ADDRESS CITY-ST-ZIP	Change Addi
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TITLE NAME STREET ADDRESS	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-7IP	☐ Change ☐ Add

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:

OF SIGNING OFFICER OR DIRECTOR

2/28/00

305-944-9990

Daytime Phone #