

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # S38193**

1. Entity Name

ECHELON CONCEPTS, INC.**FILED**
Mar 02, 2001 8:00 am
Secretary of State

03-02-2001 90087 018 ***150.00

Principal Place of Business

Mailing Address

26401 SW 173 PLACE
HOMESTEAD FL 33031
USPO BOX 901290
HOMESTEAD FL 33090-1290
US

2. Principal Place of Business

3. Mailing Address

3431 Bay Ridge Way
Suite, Apt. #, etc.3431 Bay Ridge Way
Suite, Apt. #, etc.

City & State

Port Charlotte FL

City & State

Port Charlotte FL

Zip 33953

Country USA

Zip 33953

Country USA

4. FEI Number 65-0247956

Applied For

Not Applicable

5. Certificate of Status Desired ☐\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WELLER, THOMAS R.
65 NORTHWEST 16 STREET
HOMESTEAD FL 33030

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's 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 State10. Election Campaign Financing
Trust Fund Contribution. ☐\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	DP	<input type="checkbox"/> Delete
NAME	THRASHER, CONNIE D.	
STREET ADDRESS	26401 S.W. 173RD PLACE	
CITY-ST-ZIP	HOMESTEAD FL	
TITLE	VP	<input type="checkbox"/> Delete
NAME	THRASHER, TOM	
STREET ADDRESS	26401 SW 173 PLACE	
CITY-ST-ZIP	HOMESTEAD FL	
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		

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	3431 Bay Ridge Way	
CITY-ST-ZIP	Port Charlotte FL 33953	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	3431 Bay Ridge Way	
CITY-ST-ZIP	Port Charlotte FL 33953	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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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: Connie D Thrasher Connie D. Thrasher

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

2/26/01

Daytime Phone #

941-625
1858

CR2E034 (10/00)