

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **S46266**

1. Entity Name
ECRAIL OF FLORIDA, INC.

FILED
Feb 08, 2001 8:00 am
Secretary of State

02-08-2001 90027 014 ***150.00

Principal Place of Business
**1857 WELLS RD
STE 231-A
ORANGE PARK FL 32073
US**

Mailing Address
**1857 WELLS RD
STE 231-A
ORANGE PARK FL 32073
US**

110000



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
10615 NEWKINGS ROAD

3. Mailing Address
P.O. Box 68

City & State
JACKSONVILLE, FL.

City & State
JACKSONVILLE, FL.

Zip
32219

Country
USA

Zip
32219

Country
USA

4. FEI Number **59-3060691**
59-3060691

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent
**HUNTER, LEWIS B JR
4209 BAYMEADOWS ROAD
SUITE 2
JACKSONVILLE FL 32217**

7. Name and Address of New Registered Agent
Name **HUNTER, LEWIS B. JR.**
Street Address (P.O. Box Number is Not Acceptable)
4201 BAYMEADOWS ROAD, SUITE 4
City **JACKSONVILLE** FL Zip Code **32217**

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 NAME STREET ADDRESS CITY-ST-ZIP	PCD SANDT, HARTLEY 2425 DOGWOOD LN ORANGE PARK FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TSD HUNTER, LEWIS 4217 BAYMEADOWS ROAD JACKSONVILLE FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V HAPPY, HENRY 10615 NEW KINGS ROAD JACKSONVILLE FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V CAVDEL, C. ROBERT 4457 CEDAR ROAD ORANGE PARK FL 32065	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TSD HUNTER, LEWIS 4201 BAYMEADOWS ROAD, SUITE 4 JACKSONVILLE, FL. 32217	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MICHAEL M. HAPPY	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V HAPPY, MICHAEL M. 10615 NEW KINGS ROAD JACKSONVILLE, FL. 32219	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

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

2-6-01

Date

904-765-1422

Daytime Phone #

CR2E034 (10/00)