

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 12, 2001 8:00 am**  
**Secretary of State**

03-12-2001 90489 035 \*\*\*158.75

**DOCUMENT # S55988**

1. Entity Name  
**FIRST FLORIDA ECHO INC.**

Principal Place of Business <b>297 KING STREET WEST          KITCHENER ONTARIO CA N2G- 1B1          CA</b>	Mailing Address <b>P.O. BOX 276. STN. C          279 KING STREET WEST          KITCHENER ONTARIO CN N2G -1B1</b>
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00024466



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

4. FEI Number <b>59-3099775</b>	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**

**FISHER & SAULS, P.A.  
 100 SECOND AVENUE SOUTH  
 SUITE 701  
 ST. PETERSBURG FL 33701**

Name
Street Address (P.O. Box Number is Not Acceptable)
City
State <b>FL</b> 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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	CH/D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MOTZ, PAUL J.</b>	NAME	
STREET ADDRESS	<b>57 HEINS AVENUE</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>KITCHENER, ONTARIO</b>	CITY-ST-ZIP	
TITLE	S <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>AYERS, CAROL A</b>	NAME	
STREET ADDRESS	<b>564 WILLOW WOOD DR</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>WATERLOO, ONTARIO</b>	CITY-ST-ZIP	
TITLE	P <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>FLEMING, TIMOTHY M</b>	NAME	
STREET ADDRESS	<b>139 DUNBAR ROAD SOUTH</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>WATERLOO, ONTARIO</b>	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BRADLEY, ANN</b>	NAME	
STREET ADDRESS	<b>RR #2</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>BRESLAU, ONTARIO</b>	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MOTZ, MARGARET</b>	NAME	
STREET ADDRESS	<b>UNIT 40-210 HIGHLAND CRESCENT</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>KITCHENER, ONTARIO</b>	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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 an officer or trustee empowered.

SIGNATURE: **TIMOTHY M. FLEMING** Date: **02/02/01** Daytime Phone #: **519-745-4850**

CR2E034 (10/00)