

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 30, 2003 8:00 am
Secretary of State

05-30-2003 90085 018 ***150.00

DOCUMENT # **S80434**

1. Entity Name
THE ECO-STORE, INC.



Principal Place of Business
**1306 WOODLAND STREET
ORLANDO FL 32806
US**

Mailing Address
**PO BOX 181102
CASSELBERRY FL 32707
US**

2. Principal Place of Business

1500 W. Princeton St

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State
Orlando FL

City & State

4. FEI Number **59-3087235**

Applied For
Not Applicable

Zip **32804**

Country **USA**

Zip

Country

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

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**BETH HOLLENBECK
663 MURPHY ROAD
WINTER SPRINGS FL 32708**

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME **PST HOLLENBECK, BETH D.** ☐ Delete
STREET ADDRESS **663 MURPHY ROAD**
CITY-ST-ZIP **WINTER SPRINGS FL 32708**

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME **D HOLLENBECK, BETH D.** ☐ Delete
STREET ADDRESS **663 MURPHY ROAD**
CITY-ST-ZIP **WINTER SPRINGS FL 32708**

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME **D STONEROCK, ROBERT F. JR.** ☐ Delete
STREET ADDRESS **1306 WOODLAND STREET**
CITY-ST-ZIP **ORLANDO FL 32806**

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Change ☐ Addition
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STREET ADDRESS
CITY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Beth Hollenbeck

Date

Daytime Phone #

CR2E034 (10/02)