

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 02, 2001 8:00 am
Secretary of State
 05-02-2001 90178 045 ***150.00

0341689

DOCUMENT # V02102

1. Entity Name
ECOGROUP, INC.

Principal Place of Business

601 BAYSHORE BLVD
 STE 960
 TAMPA FL 33606
 US

Mailing Address

601 BAYSHORE BLVD
 STE 960
 TAMPA FL 33606
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59:3097667**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

OELSCHLAEGER, EDWARD R.
 601 BAYSHORE BLVD
 SUITE 960
 TAMPA FL 33606

7. Name and Address of New Registered Agent

Name
RANDOLPH J. WOLFE

Street Address (P.O. Box Number is Not Acceptable)
100 NORTH TAMPA ST. SUITE 2700

City
TAMPA

FL

Zip Code
33602

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

Randolph J. Wolfe, Registered Agent
 (NOTE: Registered Agent signature required when reinstating)

3/27/01
 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 **D** ☐ Delete
 NAME **OELSCHLAEGER, EDWARD R.**
 STREET ADDRESS **601 BAYSHORE BLVD., STE 960**
 CITY-ST-ZIP **TAMPA FL**

TITLE **ST** ☐ Delete
 NAME **KIRKBRIDE, BONNIE K**
 STREET ADDRESS **601 BAYSHORE BLVD., STE 960**
 CITY-ST-ZIP **TAMPA FL**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ 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: *Edward R. Oelschlaeger*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

EDWARD R. OELSCHLAEGER 3/31/01 813-251-4868

Date

Daytime Phone #

CR2E034 (10/00)