

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # V56487

1. Entity Name

ECM PROPERTIES, INC.

**FILED**  
**Mar 15, 2000 8:00 am**  
**Secretary of State**

03-15-2000 90097 008 \*\*\*150.00

Principal Place of Business

1429 S.W. CAPE CORAL PARKWAY #1  
CAPE CORAL FL 33914

Mailing Address

1429 S.W. CAPE CORAL PARKWAY #1  
CAPE CORAL FL 33914-6943

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 65-0358391

Applied For

Not Applicable

Zip

Country

Zip

Country

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

MILES, ELLIOTT

1429 S.W. CAPE CORAL PARKWAY #1  
CAPE CORAL FL 33914

Name CHRISTINE Miles

Street Address (P.O. Box Number is Not Acceptable)  
1429 SW CAPE CORAL Parkway #1

City CAPE CORAL

FL

Zip Code 33914

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

*Christine Miles*

3.7.00

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, 2000 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	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	CHANGE	ADDITION
PTD	MILES, ELLIOTT	1429 S.W. CAPE CORAL PKY	CAPE CORAL FL	<input checked="" type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
VSD	MILES, CHRISTINE	1429 S.W. CAPE CORAL PKY	CAPE CORAL FL	<input type="checkbox"/>	PRESIDENT, DIRECTOR				<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	Peter Miles	1507 W. Cape Coral PKWY #1	Cape Coral, FL 33914		<input type="checkbox"/>	<input checked="" type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>

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:

*Christine Miles*

3.7.00

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2F034 (9/99)