

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 17, 2000 8:00 am**  
**Secretary of State**

02-17-2000 90078 016 \*\*\*150.00

**DOCUMENT # P30371**

1. Entity Name  
**ECOGARD, INC.**

|  |   |
|--|---|
| Principal Place of Business<br><b>3499 DABNEY DR<br/>         P.O. BOX 14000<br/>         LEXINGTON FL 40512</b> | Mailing Address<br><b>3499 DABNEY DR<br/>         P.O. BOX 14000<br/>         LEXINGTON FL 40512-4000</b> |
|--|---|

|  |                                    |
|--|------------------------------------|
| 2. Principal Place of Business<br><b>1301 Gervais Street</b> | 3. Mailing Address                 |
| Suite, Apt. #, etc.<br><b>Suite 300</b>                      | Suite, Apt. #, etc.<br><b>Same</b> |

|                                    |                       |
|------------------------------------|-----------------------|
| City & State<br><b>Columbia SC</b> | City & State          |
| Zip<br><b>29201</b>                | Country<br><b>USA</b> |

|  |  |
|--|--|
| 4. FEI Number<br><b>61-1179404</b>                           | Applied For<br><input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired<br><input type="checkbox"/> | \$8.75 Additional Fee Required                         |



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent  
**CT CORPORATION SYSTEM  
 1200 S. PINE ISLAND ROAD  
 PLANTATION FL 33324**

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.

SIGNATURE \_\_\_\_\_ (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   |  |
|--|--|
| TITLE<br>D<br>NAME<br>BIEHL, JOHN C.<br>STREET ADDRESS<br>3499 BLAZER PARKWAY<br>CITY-ST-ZIP<br>LEXINGTON KY           | <input checked="" type="checkbox"/> Delete |
| TITLE<br>PD<br>NAME<br>HUSTON, JAMES M.<br>STREET ADDRESS<br>2029 IMPALA LANE<br>CITY-ST-ZIP<br>LEXINGTON KY           | <input checked="" type="checkbox"/> Delete |
| TITLE<br>S<br>NAME<br>DEATON, MICHEAL F.<br>STREET ADDRESS<br>3499 BLAZER PARKWAY<br>CITY-ST-ZIP<br>LEXINGTON KY 40509 | <input checked="" type="checkbox"/> Delete |
| TITLE<br>T<br>NAME<br>BROCE, JOSEPH R<br>STREET ADDRESS<br>1000 ASHLAND DR<br>CITY-ST-ZIP<br>RUSSELL KY 41169          | <input checked="" type="checkbox"/> Delete |
| TITLE<br>VPD<br>NAME<br>ROCCO, JAMES V.<br>STREET ADDRESS<br>3499 BLAZER PARKWAY<br>CITY-ST-ZIP<br>LEXINGTON KY        | <input checked="" type="checkbox"/> Delete |
| TITLE<br>AST<br>NAME<br>JONES, RICHARD A<br>STREET ADDRESS<br>3499 BLAZER PWKY<br>CITY-ST-ZIP<br>LEXINGTON KY 40509    | <input checked="" type="checkbox"/> Delete |

| 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11   |  |
|---|--|
| TITLE<br>President and Director<br>NAME<br>Kenneth W. Winger<br>STREET ADDRESS<br>1301 Gervais St., Ste 300<br>CITY-ST-ZIP<br>Columbia SC 29201 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>Secretary<br>NAME<br>Henry H. Taylor<br>STREET ADDRESS<br>address same as above<br>CITY-ST-ZIP   | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>Chief Financial Officer<br>NAME<br>Paul R. Humphreys<br>STREET ADDRESS<br>address same as above<br>CITY-ST-ZIP                         | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>Vice President<br>NAME<br>Michael J. Bragagnolo<br>STREET ADDRESS<br>address same as above<br>CITY-ST-ZIP                              | <input type="checkbox"/> Change <input 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 another like empowered.

SIGNATURE: Henry H. Taylor, Secretary Date: 2-7-2000  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/99)

803-933 4279