

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)


FILED
Mar 27, 2003 8:00 am
Secretary of State

03-27-2003 90118 039 ***150.00

FR02136 AV

DOCUMENT # P92000011532

1. Entity Name
A.G. ERIKSSON COMPANY



Principal Place of Business
**2815 PETERS RD
FT PIERCE FL 34945
US**

Mailing Address
**2815 PETERS RD
FT PIERCE FL 34945
US**

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State

Zip Country

4. FEI Number **59-3155226** Applied For
Not Applicable

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

70032312



CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**ERIKSSON, AUSTIN G.
81 SOUTH POINTE DR
~~2400 S OCEAN DR~~
FT. PIERCE FL 34949**


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  (NOTE: Registered Agent signature required when reinstating)

DATE **3-23-03**

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

TITLE	D	<input type="checkbox"/> Delete
NAME	ERIKSSON, AUSTIN G	
STREET ADDRESS	81 SOUTH POINTE DR	
CITY-ST-ZIP	FT. PIERCE FL 34949	
TITLE	DST	<input type="checkbox"/> Delete
NAME	KRISTIN ERIKSSON	
STREET ADDRESS	81 SOUTH POINTE DR	
CITY-ST-ZIP	PT. PIERCE FL 34949	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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:  **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE **3-23-03** DAYTIME PHONE # **772-468-1007**

Date Daytime Phone #

CR2E034 (10/02)