

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 08, 2000 8:00 am
Secretary of State

05-08-2000 90152 015 ***150.00

DOCUMENT # P98000027627

1. Entity Name
ERS ENGINEERING, INC.

Principal Place of Business 4509 ORTEGA FARMS CR JACKSONVILLE FL 32210	Mailing Address 4509 ORTEGA FARMS CR JACKSONVILLE FL 32210-7428
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2. Principal Place of Business 5775 TIMUQUANA RD. Suite, Apt. #, etc.	3. Mailing Address 5775 TIMUQUANA RD. Suite, Apt. #, etc.
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City & State JACKSONVILLE FL	City & State JACKSONVILLE, FL	4. FEI Number 59-3497414	Applied For <input type="checkbox"/> Not Applicable
Zip 32210	Country USA	Zip 32210	Country USA



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
SCHULTZ, ERIC R
4509 ORTEGA FARMS CR
JACKSONVILLE FL 32210

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

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	P SCHULTZ, ERIC R 4509 ORTEGA FARMS CR. JACKSONVILLE FL 32210 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: ERIC R SCHULTZ PRESIDENT 4/25/00 904 777 3089
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)