


# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
Apr 04, 2003 8:00 am  
**Secretary of State**

04-04-2003 90099 045 \*\*\*150.00

<b>DOCUMENT # 315799</b>		
1. Entity Name <b>BONNIE LASS INC</b>		
Principal Place of Business <b>P. O. BOX 2553 FT. MYERS FL 33932</b>		Mailing Address <b>P. O. BOX 2553 FT. MYERS FL 33932</b>
2. Principal Place of Business  Suite, Apt. #, etc.		3. Mailing Address <b>1100 Shrimp Boat Lane</b>  Suite, Apt. #, etc.
City & State		City & State <b>Fort Myers Beach, FL</b>
Zip	Country	4. FEI Number <b>59-1196496</b> Applied For Not Applicable
<b>33931</b>	<b>USA</b>	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required
<b>6. Name and Address of Current Registered Agent</b>		<b>7. Name and Address of New Registered Agent</b>
<b>ERICKSON, CARL C 1620 MARLYN ROAD FORT MYERS FL 33901</b>		Name
		Street Address (P.O. Box Number is Not Acceptable)
		City <b>FL</b> 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 _____ <i>N/A</i>		DATE _____
Signature, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when reinstating)
<b>FILE NOW!!! FEE IS \$150.00</b> After May 1, 2003: Fee will be \$550.00 Make Check Payable to Florida Department of State		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>
TITLE <b>PD</b> <input type="checkbox"/> Delete	NAME <b>ERICKSON, CARL C</b>	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS <b>1620 MARLYN RD</b>	CITY-ST-ZIP <b>FT MYERS FL</b>	NAME
TITLE <b>D</b> <input type="checkbox"/> Delete	NAME <b>GRANT, C. ERICKSON</b>	STREET ADDRESS
STREET ADDRESS <b>1216 ALHAMBRA DRIVE</b>	CITY-ST-ZIP <b>FORT MYERS FL</b>	CITY-ST-ZIP
TITLE <input type="checkbox"/> Delete	NAME	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	STREET ADDRESS	NAME
CITY-ST-ZIP	CITY-ST-ZIP	STREET ADDRESS
TITLE <input type="checkbox"/> Delete	NAME	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
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CITY-ST-ZIP	CITY-ST-ZIP	STREET ADDRESS
TITLE <input type="checkbox"/> Delete	NAME	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	STREET ADDRESS	NAME
CITY-ST-ZIP	CITY-ST-ZIP	STREET ADDRESS

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: \_\_\_\_\_ **REQUIRE** Date \_\_\_\_\_ **239 463 6353** Daytime Phone #

CR2E034 (10/02)