

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Mar 21, 2001 08:00 AM**
Secretary of State**DOCUMENT # 500263**1. Entity Name
ERSKINE FLORIDA PROPERTIES, INC.Principal Place of Business
5600 WEST MIDWAY ROAD
FT. PIERCE FL 34981 US
Mailing Address
5600 WEST MIDWAY ROAD
FT. PIERCE FL 34981 US2. Principal Place of Business
4302 GATOR TRACE DRIVE
3. Mailing Address
4302 GATOR TRACE DRIVE

Suite, Apt. #, etc.

City & State
FT. PIERCE FL
City & State
FT. PIERCE FLZip Country
34982 US
Zip Country
34982 US4. FEI Number
59-1698657
Applied For
Not Applicable5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered AgentPATSKO AMY
4362 GATOR TRACE LANE
FT PIERCE FL 34982 US**7. Name and Address of New Registered Agent**Name
PATSKO AMY
Street Address (P.O. Box Number is Not Acceptable)
4302 GATOR TRACE DRIVE
City
FORT PIERCE FL
Zip Code
34982

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 _____ 03/21/2001
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE9. 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, 2001 Fee will be \$550.00
Make Check Payable to Department of State10. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees**11. OFFICERS AND DIRECTORS**

| | | |
|----------------|-------------------------|---------------------------------|
| TITLE | T | <input type="checkbox"/> Delete |
| NAME | VALENCIA TERRY A. | |
| STREET ADDRESS | 4358 GATOR TRACE CIRCLE | |
| CITY-ST-ZIP | FT PIERCE FL 34982 | |
| TITLE | PS | <input type="checkbox"/> Delete |
| NAME | PATSKO, AMY | |
| STREET ADDRESS | 4362 GATOR TRACE LANE | |
| CITY-ST-ZIP | FT PIERCE FL 34982 | |
| TITLE | VP | <input type="checkbox"/> Delete |
| NAME | ERSKINE JANET A | |
| STREET ADDRESS | 8146 THUNDERBIRD COURT | |
| CITY-ST-ZIP | POLAND OH 44514 | |
| 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 | | |

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | |
|----------------|-------------------------|--|
| TITLE | T | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | VALENCIA TERRY A | |
| STREET ADDRESS | 4358 GATOR TRACE CIRCLE | |
| CITY-ST-ZIP | FT PIERCE FL 34982 | |
| TITLE | PS | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | PATSKO AMY L | |
| STREET ADDRESS | 4302 GATOR TRACE DRIVE | |
| CITY-ST-ZIP | FT PIERCE FL 34982 | |
| TITLE | VP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | ERSKINE JANET A | |
| STREET ADDRESS | 8146 THUNDERBIRD COURT | |
| CITY-ST-ZIP | POLAND OH 44514 | |
| 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 |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

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: Amy Patisko

Pres 03/21/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)