

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 544132

1. Entity Name

ERICKSON ENTERPRISES, INC.

FILED
Feb 24, 2000 8:00 am
Secretary of State

02-24-2000 90043 024 ***150.00

Principal Place of Business

814 SE 46TH LN
#3
CAPE CORAL FL 33904
US

Mailing Address

814 SE 46TH LN
#3
CAPE CORAL FL 33904-8833
US

2. Principal Place of Business

822 SE 46TH LANE

Suite, Apt. #, etc.

3. Mailing Address

822 SE 46TH LANE

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State
CAPE CORAL, FL

City & State
CAPE CORAL, FL

4. FEI Number 41-1309254

Applied For
Not Applicable

Zip 33904

Country

Zip 33904

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ERICKSON, WILLIAM D.
814 SE 46TH LN #3
CAPE CORAL FL 33904

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 *[Signature]*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

1/20/00

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	VSD	<input type="checkbox"/> Delete
NAME	ERICKSON, WILLIAM D	
STREET ADDRESS	814 SE 46TH LN #3	
CITY-ST-ZIP	CAPE CORAL FL	
TITLE	PD	<input type="checkbox"/> Delete
NAME	ERICKSON, DONALD	
STREET ADDRESS	814 SE 46TH LN #3	
CITY-ST-ZIP	CAPE CORAL FL	
TITLE	T	<input type="checkbox"/> Delete
NAME	ERICKSON, WILLIAM, D	
STREET ADDRESS	814 SE 46TH LN #3	
CITY-ST-ZIP	CAPE CORAL FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	ERICKSON, VIVIAN T	
STREET ADDRESS	814 SE 46TH LN #3	
CITY-ST-ZIP	CAPE CORAL FL	
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"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
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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: *[Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/20/00

941-540-4250

CR2E034 (9/99)