

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Apr 18, 2001 8:00 am
Secretary of State**

04-18-2001 90042 008 ***150.00

A0051443

DO NOT WRITE IN THIS SPACE

DOCUMENT #817206

1. Entity Name

Erickson's, Inc.

Principal Place of Business

**1 Erickson Drive
Savannah, GA 31405**

Mailing Address

**P.O. Box 22519
Savannah, GA 31403-2519**

2. Principal Place of Business

1 Erickson Drive

Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 22519

Suite, Apt. #, etc.

City & State

Savannah, GA 31405

City & State

Savannah, GA 31403-2519

4. FEI Number

58-0653104

Applied For

Not Applicable

Zip

31405

Country

USA

Zip

31403-2519

Country

USA5. Certificate of Status Desired ☐**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**Clerk of the Circuit Court
Orange County Court House
Orlando, FL**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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, 2001 Fee will be \$550.00
Make Check Payable to Department of State**10. Election Campaign Financing ☐ **\$5.00 May Be
Added to Fees**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

CR2E034 (11/00)

TITLE	D/C	<input type="checkbox"/> Delete
NAME	T. W. Erickson	
STREET ADDRESS	1 Erickson Drive	
CITY-ST-ZIP	Savannah, GA 31405	

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

TITLE	P	<input type="checkbox"/> Delete
NAME	T. W. Erickson, Jr.	
STREET ADDRESS	1 Erickson Drive	
CITY-ST-ZIP	Savannah, GA 31405	

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

TITLE	V/D	<input type="checkbox"/> Delete
NAME	W.C.C. Ralston, Jr.	
STREET ADDRESS	1 Erickson Drive	
CITY-ST-ZIP	Savannah, GA 31405	

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

TITLE	V/D	<input type="checkbox"/> Delete
NAME	Scott H. Rasplicka	
STREET ADDRESS	1 Erickson Drive	
CITY-ST-ZIP	Savannah, GA 31405	

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

TITLE	S/T	<input type="checkbox"/> Delete
NAME	Neal J. Corbin	
STREET ADDRESS	1 Erickson Drive	
CITY-ST-ZIP	Savannah, GA 31405	

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

TITLE	D	<input type="checkbox"/> Delete
NAME	Marcia M. Erickson	
STREET ADDRESS	1 Erickson Drive	
CITY-ST-ZIP	Savannah, GA 31405	

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: *Neal J. Corbin* **Neal J. Corbin**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/10/01

Date

912-527-9500

Daytime Phone #