

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Feb 27, 2002 8:00 am**  
**Secretary of State**

REG0047E AT

**DOCUMENT # 817206**

1. Entity Name  
**ERICKSON'S INC**

02-27-2002 90031 008 \*\*\*158.75

Principal Place of Business Mailing Address  
**1 ERICKSON DRIVE P O BOX 22519**  
**SAVANNAH GA 31405 SAVANNAH GA 31403-2519**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number		Applied For	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		58-0653104		Not Applicable	
City & State		City & State		5. Certificate of Status Desired		<input checked="" type="checkbox"/> \$8.75 Additional Fee Required <input type="checkbox"/>	
Zip	Country	Zip	Country				

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
<b>CLERK OF THE CIRCUIT COURT</b> <b>ORANGE COUNTY COURT HOUSE</b> <b>ORLANDO FL</b>				Name			
				Street Address (P.O. Box Number is Not Acceptable)			
				City		FL	

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. <input checked="" type="checkbox"/> (See criteria on back)	<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2002 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DC</b> <b>ERICKSON, T W</b> <b>1 ERICKSON DRIVE</b> <b>NAPLES FL 34105</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition  <b>SAVANNAH, GA 31405</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>ERICKSON, MARCIA M</b> <b>1 ERICKSON DRIVE</b> <b>SAVANNAH GA 31405</b> <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	<b>VD</b> <b>RALSTON, W.CC. JR.</b> <b>1 ERICKSON DRIVE</b> <b>SAVANNAH GA 31405</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>RALSTON, W.C. JR.</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>ST</b> <b>CORBIN, NEAL J</b> <b>1 ERICKSON DRIVE</b> <b>NAPLES FL 34105</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>SAVANNAH, GA 31405</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>ERICKSON, T.W. JR.</b> <b>1 ERICKSON DRIVE</b> <b>SAVANNAH GA 31405</b> <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	<b>VD</b> <b>RASPLICKA, SCOTT H</b> <b>1 ERICKSON DRIVE</b> <b>SAVANNAH GA 31405</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 

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* **SIGNATURE REQUIRED** **NEAL J. CORBIN** **02/13/02** **(912) 527-9500**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)