

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F22633

1. Entity Name

ENERIC FINANCIAL SERVICES, INC.

FILED

Apr 10, 2001 8:00 am
Secretary of State

04-10-2001 90130 005 ***150.00

Principal Place of Business

56 W BURLINGTON AVE
FAIRFIELD IA 52556

Mailing Address

56 W BURLINGTON AVE
FAIRFIELD IA 52556

2. Principal Place of Business

56 E. Burlington Ave
Suite, Apt. #, etc.

3. Mailing Address

56 E. Burlington Ave
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State.

Fairfield IA

City & State

Fairfield IA

4. FEI Number

59-2243914

Applied For

Not Applicable

Zip

52556

Country

USA

Zip

52556

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

EDWARDS, GEORGE
950 N.FEDERAL HWY.,#219
POMPANO BCH. FL 33062

7. Name and Address of New Registered Agent

Name Gary T. Wargo
Street Address (P.O. Box Number is Not Acceptable)
2627 McCormick Drive
Suite 101
City Clearwater FL Zip Code 33759-1036

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

3/27/01

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
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	P	☐ Delete
NAME	SCHWARTZ, ERIC	
STREET ADDRESS	56 E. BURLINGTON AVE	
CITY-ST-ZIP	FAIRFIELD IA 52556	
TITLE	VPS	☐ Delete
NAME	DOLLIVE, PETER	
STREET ADDRESS	56 E. BURLINGTON AVENUE	
CITY-ST-ZIP	FAIRFIELD IA 52556	
TITLE	T	☐ Delete
NAME	LISTER, TERRY L	
STREET ADDRESS	56 E. BURLINGTON AVENUE	
CITY-ST-ZIP	FAIRFIELD IA 52556	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	Director	☐ Change ☒ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ 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 information empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Eric Schwartz 4-4-01

641-472-5100

CR2E034 (10/00)