

2000 UNIFORM BUSINESS REPORT (UBR)**FILED****May 01, 2000 08:00 AM**
Secretary of State**DOCUMENT # F95000004718****1. Entity Name**
ERICKSON'S FORK LIFTS, INC.

Principal Place of Business	Mailing Address
4825 WOODLANE CIRCLE STE 112 TALLAHASSEE 32303	P. O. BOX 688 ALBANY 31702
US FL	US GA

2. Principal Place of Business**3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number**58-1348989**

Applied For

Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent**7. Name and Address of New Registered Agent**

VANGUILDER GERALD F
4825 WOODLANE CIRCLE
STE 112
TALLAHASSEE
32303

US FL

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)

05/01/2000

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, 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	T <input type="checkbox"/> Delete
NAME	ERICKSON DORIS
STREET ADDRESS	2711 WESTMEADE RD
CITY-ST-ZIP	ALBANY GA

TITLE	T <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ERICKSON DORIS
STREET ADDRESS	2711 WESTMEADE RD
CITY-ST-ZIP	ALBANY GA 31707

TITLE	S <input type="checkbox"/> Delete
NAME	ERICKSON MARIANNE P
STREET ADDRESS	2704 WESTMEADE RD
CITY-ST-ZIP	ALBANY GA

TITLE	S <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ERICKSON MARIANNE P
STREET ADDRESS	2704 WESTMEADE RD
CITY-ST-ZIP	ALBANY GA 31707

TITLE	V <input type="checkbox"/> Delete
NAME	ERICKSON RICHARD R
STREET ADDRESS	2704 WESTMEADE RD
CITY-ST-ZIP	ALBANY GA

TITLE	V <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ERICKSON RICHARD R
STREET ADDRESS	2704 WESTMEADE RD
CITY-ST-ZIP	ALBANY GA 31707

TITLE	P <input type="checkbox"/> Delete
NAME	ERICKSON ARTHUR R
STREET ADDRESS	2711 WESTMEADE RD
CITY-ST-ZIP	ALBANY GA

TITLE	P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ERICKSON ARTHUR R
STREET ADDRESS	2711 WESTMEADE RD
CITY-ST-ZIP	ALBANY GA 31707

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"/> Delete
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: MARIANNE P. ERICKSON

05/01/2000