

\$1150.00

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED

DOCUMENT #

F96000001259

1. Entity Name

ERA Franchise Systems, Inc.

02 MAY -2 PM 4:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

700005509277--2

-05/14/02--01053--005

1650.00 *150.00

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

6 Sylvan Way

3. Mailing Address

Same

City & State

Parsippany, NJ

City & State

4. FEI Number

22-349810

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

CT Corporation System
1200 S. Pine Island Rd

Street Address (P.O. Box Number is Not Acceptable)

City

Plantation

FL

Zip Code

33324

**DO NOT WRITE
IN THIS SPACE**

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) ☐

January 1 - May 1 Fee is \$150.00
After May 1 Fee is \$550.00
Amended UBR is \$61.25
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	NAME	STREET ADDRESS	CITY-STATE-ZIP
D/SEVP	JAMASE BUCHMAN	90.5TH ST, 37TH FIE	New York, NY 10019
D/Ch. B	Richard A. Smith	1 Campus Dr.	Parsippany, NJ 07054
P	ERANDA W. CASSARLY	1 Campus Dr.	Parsippany, NJ 07054
EVP/IT	DUNCAN H. COCROFT	1 Campus Dr.	Parsippany, NJ 07054
EVP/IS	ERIC J. BOCK	90.5TH ST, 37TH FIE	New York, NY 10019
VP, TAX	Joseph Huber	1 Campus Dr.	Parsippany, NJ 07054

TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP

**DO NOT WRITE
IN THIS SPACE**

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Joseph Huber, VP-Tax 4/30

Date

Daytime Phone #

973-496-2633

CR2E034B (12/01)

CHRISTIAN G. DREHSEN, M.D.
CERTIFIED AMERICAN BOARD OF PLASTIC SURGERY



2325 Ulmerton Road, Suite 27 • Clearwater, FL 33762
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Fax (727) 209-4606
www.drdrehesen.com

April 30, 2002

Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314
Attn: Reinstatement: Eula Peterson

Re: Document# P00000015735

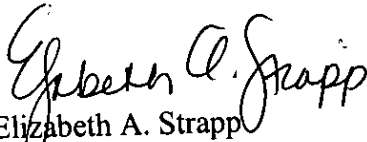
Dear Ms. Peterson:

Per our conversation, enclosed please find the completed 2002 Uniform Business Report (UBR) for **DREHSEN PROFESSIONAL SERVICE CORPORATION, Document# P00000015735.**

Please apply the \$150.00 credit that was paid twice in for the UBR in 2001 on the above-mentioned Document number for the UBR in 2002.

Should you have any questions, please contact our office.

Sincerely,


Elizabeth A. Strapp
Secretary

/eas
Enclosures