

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 06, 2003 8:00 am
Secretary of State

01-06-2003 90012 004 ***150.00

DOCUMENT # J54365

1. Entity Name
ERIN CONSTRUCTION CO., INC.



Principal Place of Business
ERIN CONSTRUCTION CO INC
7355 CANAL DR
LAKE WORTH FL 33467
US

Mailing Address
ERIN CONSTRUCTION CO INC
7355 CANAL DR
LAKE WORTH FL 33467
US

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 **59-2763266**

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

R
PARKE\$, DEBORAH
7355 CANAL DRIVE
LAKE WORTH FL 33467

Name **Parker, Deborah**
Street Address (P.O. Box Number is Not Acceptable)
7355 Canal Dr.
City **Lake Worth** **FL** Zip Code **33467**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **Deborah Parker** **Deborah Parker secretary/treasurer** **1-2-03**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **DP** ☐ Delete
NAME **PARKER, JOHN DAVID**
STREET ADDRESS **7355 CANAL DR**
CITY-ST-ZIP **LAKE WORTH FL 33467**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **DST** ☐ Delete
NAME **PARKER, DEBORAH**
STREET ADDRESS **7355 CANAL DR**
CITY-ST-ZIP **LAKE WORTH FL 33467**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **Deborah Parker** **Deborah Parker** **1-2-03** **561-965-5096**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)