

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 07, 2002 8:00 am
Secretary of State

03-07-2002 90054 020 ***150.00

0096287 AV

DOCUMENT # J58015

1. Entity Name

ERICKSON CUSTOM POOLS AND SPAS, INC.

Principal Place of Business

Mailing Address

**3541 EDGEWATER DR
 ORLANDO FL 32804**

**3541 EDGEWATER DR
 ORLANDO FL 32804**

2. Principal Place of Business

3. Mailing Address

1295 W. HWY 50

Suite, Apt. #, etc.

Suite, Apt. #, etc.

SUITE "A"

SUITE "A"

City & State

City & State

CLERMONT FL.

CLERMONT FL.

Zip

Country

Zip

Country

34711 LAKE

34711 LAKE

6. Name and Address of Current Registered Agent

4. FEI Number

59-2764649

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
 Fee Required**

7. Name and Address of New Registered Agent

Name

Nils C. ERICKSON

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

565 BEVILLE RD.

City

S. DAYTONA BEACH

FL

Zip Code

32119

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

02/13/02

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, 2002 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 NAME STREET ADDRESS CITY-ST-ZIP	PT ERICKSON, NILS C. 7023 S ATLANTIC AVE NEW SMYRNA BCH FL 32169	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS ERICKSON, ANGELA MARLOWE 7023 S ATLANTIC AVE NEW SMYRNA BCH FL 32169	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02/13/02

Date

Daytime Phone #

386-304-9883

CR2E034 (9/01)