

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Aug 27, 2003 8:00 am**  
**Secretary of State**

08-27-2003 90079 035 \*\*\*150.00

0114802 AV

**DOCUMENT # J58015**

**1. Entity Name**  
**ERICKSON CUSTOM POOLS AND SPAS, INC.**



**Principal Place of Business**  
**1285 W HWY 50**  
**STE A**  
**CLERMONT FL 34711**

**Mailing Address**  
**1285 W HWY 50**  
**STE A**  
**CLERMONT FL 34711**



**2. Principal Place of Business**

**3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

☐ CHECK HERE IF MAKING CHANGES

**4. FEI Number** **59-2764649**

Applied For  
Not Applicable

Zip

Country

Zip

Country

**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**

**ERICKSON, NILS C**  
**565 BEVILLE RD**  
**DAYTONA BEACH FL 32119**

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

**SIGNATURE**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$550.00**  
**After September 10, 2003 Fee will be \$750.00**  
**Make Check Payable to Florida Department of State**

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

**10. OFFICERS AND DIRECTORS**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

**TITLE** **PT** ☐ Delete  
**NAME** **ERICKSON, NILS C.**  
**STREET ADDRESS** **7023 S ATLANTIC AVE**  
**CITY-ST-ZIP** **NEW SMYRNA BCH FL 32169**

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

**TITLE** **VS** ☐ Delete  
**NAME** **ERICKSON, ANGELA MARLOWE**  
**STREET ADDRESS** **7023 S ATLANTIC AVE**  
**CITY-ST-ZIP** **NEW SMYRNA BCH FL 32169**

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

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

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

**TITLE** ☐ Delete  
**NAME**  
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**NAME**  
**STREET ADDRESS**  
**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 another like empowered.**

**SIGNATURE:**

**SIGNATURE REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

08/11/03

CR2E034 (4/03)

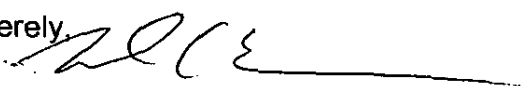
Attachment  
80141345  
J-58 015



August 11, 2003

To Whom it May Concern,

Please be advised that we never received the original notice and we are requesting that the late fee be waived. We are submitting the original \$ 150.00 filing fee.

Sincerely,  
  
Nils Erickson/kds  
President