

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # J99831

1. Entity Name

ERICKSON VENTURES OF SOUTH NAPLES, INC.

FILED
Feb 29, 2000 8:00 am
Secretary of State

02-29-2000 90100 007 ***150.00

Principal Place of Business

Mailing Address

814 SE 46TH LANE

814 SE 46TH AVE #3

3
CAPE CORAL FL 33904
US

CAPE CORAL FL 33904-8833
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

822 SE 46TH LANE

822 SE 46TH LANE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

CAPE CORAL, FL

City & State

CAPE CORAL, FL

Zip

33904

Country

Zip

33904

Country

4. FEI Number

65-0010644

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

ERICKSON, WILLIAM D.
814 SE 46TH LN #3
CAPE CORAL FL 33904

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]

1/20/00

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) ☐

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	PSD	<input type="checkbox"/> Delete
NAME	ERICKSON, WILLIAM D.	
STREET ADDRESS	814 SE 46TH LN #3	
CITY-ST-ZIP	CAPE CORAL FL	
TITLE	VD	<input type="checkbox"/> Delete
NAME	ERICKSON, DONALD O.	
STREET ADDRESS	814 SE 46TH LN #3	
CITY-ST-ZIP	CAPE CORAL FL	
TITLE	T	<input type="checkbox"/> Delete
NAME	ERICKSON, DONALD O.	
STREET ADDRESS	814 SE 46TH LN #3	
CITY-ST-ZIP	CAPE CORAL FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/20/00 94-540-4250

CR2E034 (9/99)