

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # K61800

1. Entity Name
ERICSSON & ASSOCIATES P.A.

FILED

01 OCT 22 AM 11:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

500004679535--2

-11/15/01--01002--004

****150.00 ****150.00

DO NOT WRITE IN THIS SPACE

Principal Place of Business Mailing Address
23257 STATE RD 7 SUITE 203 BOCA RATON FL 33428
23257 STATE RD 7 SUITE 203 BOCA RATON FL 33428

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 65-0093284 Applied For Not Applicable

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

6. Name and Address of Current Registered Agent

ERICSSON, MARK
671 GOLDEN HARBOUR DR
BOCA RATON FL 33431

7. Name and Address of New Registered Agent

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 _____ DATE _____
(Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating))

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, 2001 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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	ERICSSON, MARK 671 GOLDEN HARBOUR DR BOCA RATON FL 33431	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ERICSSON, ROSANNA 671 GOLDEN HARBOUR DR BOCA RATON FL 33431	<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
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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)(j), 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: Rosanna Ericsson 10-16-01 479-4000
Date Daytime Phone #

CR2E034 (11/00)

2012

Ericsson & Associates, P. A.
23257 State Road 7
Suite 203
Boca Raton, FL 33428

October 16th, 2001

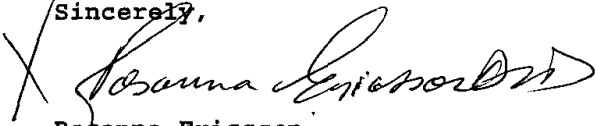
Department of State
Division of Corporation
P. O. Box 6327
Tallahassee, FL 32314

To Whom It May Concern:

Enclosed please find a check for \$150.00 in payment of our
uniform business report for 2001.

We never received any notice about renewing our
corporation. Please accept the enclosed payment as payment
in full for our uniform business report for the year 2000.

Sincerely,



Rosanna Ericsson
Vice-President