

FILED
Apr 24, 2003 8:00 am
Secretary of State

04-24-2003 90276 002 ***150.00

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT #

1. Entity Name

K61800
ERICSSON ASSOCIATES P.A. ✓

DO NOT WRITE IN THIS SPACE

11013849

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

23257 STATE RD 7

3. Mailing Address

23257 STATE RD 7

Suite, Apt. #, etc.

203

Suite, Apt. #, etc.

203

City & State

BOCA RATON FL

City & State

BOCA RATON FL

Zip

33428

Country

US

Zip

33428

Country

US

4. FEI Number

05-0093284

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

ERICSSON, MARK

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

671 GOLDEN HARBOR DR

City

BOCA RATON

FL

Zip Code

33431

**DO NOT WRITE
IN THIS SPACE**

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 reissuing)

DATE

9. This corporation is eligible to satisfy its intangible

Tax filing requirement and elects to do so.
(See criteria on back)

☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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
P
ERICSSON, MARK
671 GOLDEN HARBOR DR
BOCA RATON FL 33432

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VP
ERICSSON, ROSANNA
671 GOLDEN HARBOR DR
BOCA RATON FL 33432

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

ROSANNA ERICSSON VP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4-21-03

Daytime Phone #

561479-4000

CR2E034B (12/01)