

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# K67655

FILED
Apr 05, 2003
Secretary of State

Entity Name: ERSCO, INC.

Current Principal Place of Business:

3731 N. COUNTRY CLUB DR
#2223
AVENTURA, FL 33180 US

New Principal Place of Business:

Current Mailing Address:

3880 SHERIDAN STREET
HOLLYWOOD, FL 33021 US

New Mailing Address:

20533 BISCAYNE BLVD
#377
AVENTURA, FL 33180 US

FEI Number: 65-0103688

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SHEFER, REUVEN
3731 N. COUNTRY CLUB DR
#2223
AVENTURA, FL 33180 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DVTS () Delete
Name: SHEFER, ELLA,
Address: 3731 N. COUNTRY CLUB DR., #2223
City-St-Zip: AVENTURA, FL 33180 US

Title: DP () Delete
Name: SHEFER, REUVEN,
Address: 3731 N. COUNTRY CLUB DR., #2223
City-St-Zip: AVENTURA, FL 33180 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: REUVEN SHEFER

DP

04/05/2003

Electronic Signature of Signing Officer or Director

_____ Date