

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M98046

1. Entity Name

ERT ENTERPRISES, INC.

FILED
Jan 28, 2000 8:00 am
Secretary of State

01-28-2000 90207 010 ***150.00

Principal Place of Business	Mailing Address
C/O JOHN W. THIELKING 17117 GULF BLVD. #438 NORTH REDINGTON BEACH FL 33708	C/O JOHN W. THIELKING 17117 GULF BLVD. #438 NORTH REDINGTON BEACH FL 33708-1480



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number 42-1295665		Applied For	
Suite, Apt. #, etc.		Suite, Apt. #, etc.				Not Applicable	
City & State		City & State					
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
THIELKING, JOHN W. 17117 GULF BLVD., #438 NORTH REDINGTON BEACH FL 33708				Name			
				Street Address (P.O. Box Number is Not Acceptable)			
				City		FL	

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 _____ (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) <input checked="" type="checkbox"/>	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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	THIELKING, ELEANOR R.		NAME		
STREET ADDRESS	17117 GULF BLVD., #438		STREET ADDRESS		
CITY-ST-ZIP	N. REDINGTON BCH FL		CITY-ST-ZIP		
TITLE	P	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	THIELKING, ELEANOR R.		NAME		
STREET ADDRESS	17117 GULF BLVD., #438		STREET ADDRESS		
CITY-ST-ZIP	N. REDINGTON BCH FL		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	THIELKING, PAUL M.		NAME		
STREET ADDRESS	7212 TWANA DRIVE		STREET ADDRESS		
CITY-ST-ZIP	DES MOINES IA		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	THIELKING, ARMIN F		NAME		
STREET ADDRESS	2301 HILLSIDE		STREET ADDRESS		
CITY-ST-ZIP	W DES MOINES IA		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	THIELKING, JOHN W		NAME		
STREET ADDRESS	17117 GULF BLVD #438		STREET ADDRESS		
CITY-ST-ZIP	N REDINGTON BEACH FL		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: John W. Thielking 1-19-00 727 389 1524
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)