

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Feb 10, 2003 8:00 am
Secretary of State

02-10-2003 90173 026 ***150.00

DOCUMENT # M98046

1. Entity Name
ERT ENTERPRISES, INC.



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

Mailing Address
**C/O JOHN W. THIELKING
17117 GULF BLVD. #438
NORTH REDINGTON BEACH FL 33708**



2. Principal Place of Business
1405 S E 31st Terrace
Suite, Apt. #, etc.

3. Mailing Address
1405 S E 31st Terrace
Suite, Apt. #, etc.

☒ CHECK HERE IF MAKING CHANGES

City & State
Cape Coral

City & State
Cape Coral, FL

4. FEI Number
42-1295665

Applied For
☐ Not Applicable

Zip
FL

Country
33904

Zip
33904

Country
LEE

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

6. Name and Address of Current Registered Agent

**THIELKING, JOHN W.
17117 GULF BLVD., #438
NORTH REDINGTON BEACH FL 33708**

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
1405 S E 31st Terrace
City
Cape Coral **FL** Zip Code
33904

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. I am familiar with, and accept the obligations of registered agent.

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

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
THIELKING, PAUL M ☐ Delete
7212 TWANA DRIVE
DES MOINES IA

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
THIELKING, ARMIN F ☐ Delete
2301 HILLSIDE
W DES MOINES IA

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
THIELKING, JOHN W ☐ Delete
17117 GULF BLVD #438
N REDINGTON BEACH FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☒ Change ☐ Addition
1405 S E 31st Terrace
Cape Coral, FL 33904

TITLE
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STREET ADDRESS
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CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-5-03

2399454911

Date Daytime Phone #

CR2E034 (10/02)