

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 07, 2003 8:00 am
Secretary of State

05-07-2003 90176 025 ****61.25

DOCUMENT # N00000000602

1. Entity Name
ERC TRUST, INC.



Principal Place of Business
**950 NORTH FEDERAL HIGHWAY
SUITE 107
POMPANO BEACH FL 33062**
change

Mailing Address
**950 NORTH FEDERAL HIGHWAY
SUITE 107
POMPANO BEACH FL 33062**
change



☒ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business
**2436 N. Fed. Hwy.
Suite, Apt. #, etc.
363**

3. Mailing Address
**2436 N. Fed. Hwy.
Suite, Apt. #, etc.
363**

City & State
Lighthouse Pt. FL
Zip
33064
Country
USA

City & State
Lighthouse Pt. FL
Zip
33064
Country
USA

4. FEI Number **65-0980224**
Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent
**RUEL, LORRAINE M
950 NORTH FEDERAL HIGHWAY
SUITE 107
POMPANO BEACH FL 33062**
*2436 N. Federal Hwy.
Suite 363
Lighthouse Pt. FL
33064*

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

SIGNATURE *Lorraine M. Ruel* DATE *4/25/03*
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25

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

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RUEL, LORRAINE M		NAME	<i>2436 N. Federal Hwy. # 363</i>	
STREET ADDRESS	950 NORTH FEDERAL HWY, SUITE 107		STREET ADDRESS	<i>Lighthouse Pt. FL 33064</i>	
CITY-ST-ZIP	POMPANO BEACH FL 33062		CITY-ST-ZIP		
TITLE	VD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CICCARELLI, ANNA		NAME		
STREET ADDRESS	6430 LESLIE STREET		STREET ADDRESS		
CITY-ST-ZIP	JUPITER FL 33458		CITY-ST-ZIP		
TITLE	STD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	INCARDONA, GIOVANNI		NAME		
STREET ADDRESS	1701 E ATLANTIC BLVD		STREET ADDRESS		
CITY-ST-ZIP	POMPANO BEACH FL 33060		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		
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		
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		
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		

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 617, 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 *Lorraine M. Ruel* *4/25/03* *(954) 781-3303*

CR2E037 (10/02)