2002 [UNIFORM	BUSINESS	REPORT	(UBR)
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DÓČUMENT # N08312 1. Entity Name							APPROVED AND				
FLORIDA ERS, INC	ASSOCIATION OF PROFE	SSIONAL	. Process se	RV				FI	LED		
Principal Place of Business Mailing Address				<u>.</u>] "{	12 MAR 28	PM 2:35		
655 E. TENNESSEE ST. TALLAHASSEE FL 32308 US			P.O. BOX 1777 TALLAHASSEE FL 32302			SECRETARY OF STATE TALLAHASSEE, FLORIDA					
2. Principal Place of Business 3.		3. Mai	3. Mailing Address								
Suite, Apt. #, etc.		Su	Suite, Apt. #, etc.				40	DO NOT WRITE	E IN THIS SPACE		
City & State		Ci	City & State				4. #El Number	9-2463953	⊢	Applied For Not Applicable	
Zip	Country	Zi		Cou	ntry		5. Certificate of S		\$8.75 A Fee Requi		
	6. Name and Address of Currer	nt Registere	ed Agent		Name		7. Name and Add	iress of New Re	egistered Agent		
VALISE TO	300				Street Address (P.O. Box Number is Not Acceptable)						
Vause, todd 655 e. Tennessee st.					100005195521				==8		
TÄLLAHAS	SEE FL 32308				City		· ·	- <u>-04/05/</u> *****	/0201052- 61 .25 0 *****	-002 #81.25	
8. The above	named entity submits this statement	for the purp	ose of changing its	registere	ed office o	 or register	red agent, or both, in				
·											
SIGNATURE											
	Signature, typed or printed name of registered age	nt and title if app	olicable. (NOTE	: Registered	d Agent signa	ture required	d when reinstating)		DATE		
FILE NOW: FEE IS \$61.25 9. Election Can Trust Fund C				_		\$5.00 May Be Added to Fees		ke Check Payable			
10.	OFFICERS AND D	UBECTORS		11 11			ADDITIONS (CUANO		RS AND DIRECTORS		
TITLE	P OFFICERS AND L	INECTORS	□ Delete	11.	,	Τ – ΄	ADDITIONS/CHANG	ES IO OFFICER	Change		
NAME	VAUSE, WILLIAM TODD			NAME						_	
STREET ADDRESS CITY-ST-ZIP	655 E. TENNESSEE ST.			11	ET ADDRESS ST-ZIP						
TITLE	TALLAHASSEE FL 32308		Delete	TITLE		5			☐ Change	Addition	
NAME	LIPPMAN, JACK		A 201010	NAME	<u>:</u>	Bed	erly Crisque,	IMMET			
STREET ADDRESS	4030 POWERLINE RD.			- 13	ET ADDRESS	380	o Riggs	VOC.	21001		
CITY-ST-ZIP	FORT LAUDERDALE FL 33309				ST-ZIP	M	: I DOUNC,	<u> </u>	3273 1	Addition	
TITLE NAME	TAWAYI MADOIE		☐ Delete	TITLE		\mathbb{P}_{-}	1010	//		Andriuon	
STREET ADDRESS	ZAWAKI, MARGIE 2831 RINGLING BLVD., #121-F			STREE	ET ADDRESS	Neg	al Char	S = S + A	シ.だ <u></u>	ļ	
CITY-ST-ZIP	SARASOTA FL 34237			CITY-	ST-ZIP	Pa	al Char 36 William Bay	, Ê	32905		
TITLE	V		☐ Delete	TITLE		/	,		☐ Change	Addition	
NAME STREET ADDRESS	HOWLEY, DENNY			NAME	ET ADDRESS					ļ	
CITY-ST-ZIP	1301 10TH STREET KEY WEST FL 33040				ST-ZIP						
TITLE	D		☐ Delete	TITLE		†—-	_		☐ Change	☐ Addition	
NAME	LEHR, STEVE			NAME					_ •		
STREET ADDRESS	10636 N.W. 10TH ROAD			Ш	T ADDRESS						
CITY-ST-ZIP	GAINESVILLE FL 32606		~	-}	ST-ZIP	-				TO autition	
TITLE NAME	D EAGLE, MICKEY		Delete	TITLE		K 44	rray De 50 sta 1: Laud	al,	☐ Change	Addition	
OTOFFT LODDERGO	7611 S. ORANGE BLOSSOM TR	#324		11	T ADDRESS	84	50 Sta	tc Koo	d 64		
	ORLANDO FL 32809	, #VET		CITY-	ST-ZIP	FT	r, Laud	codal	c, FL, 332	324	
	certify that the information supplied wi	th this filing	does not qualify for	the exer	nption sta	ted in Se	ction 119.07(3)(i), Fl	orida 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: SIGNATURE:

3-20-02 950-656-2605