

FILED

Jul 13, 2001 8:00 am
Secretary of State

06-06-2001 90003 016 ***150.00

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000015404

1. Entity Name

ERARMIK, INC.

LA

Principal Place of Business

C/O CHARLES J. FARRO
960 CAPE MARCO DR., #805
MARCO ISLAND FL 34145

Mailing Address

C/O ANDREW B. ZELENKOWSKY
117 PARTRIDGE LN.
HUNTING VALLEY OH 44022

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

34-1910721

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

FARRO, CHARLES J
960 CAPE MARCO DR., #805
MARCO ISLAND FL 34145

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NO 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) ☐**FILE NOW !! FEE IS \$150.00**
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State10. Election Campaign Financing
Trust Fund Contribution. ☐\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	D ZELENKOWSKY, ANDREW B 117 PARTRIDGE LN. HUNTING VALLEY OH 44022	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 the 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 or without other live empowerment.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/16/01

(440)247-0070

CR2E034 (10/00)

Attachment
P00000015404
76363



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

June 7, 2001

ERARMIK, INC.
C/O ANDREW B. ZELEN KOFSKE
117 PARTRIDGE LN.
HUNTING VALLEY, OH 44022

Subject: ERARMIK, INC.

Reference Number: P00000015404

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$150.00; however, the report has not been filed and a copy is being returned for the following correction(s):

Please complete Block 4 by entering your Federal Employer Identification (FEI) number or by checking the appropriate box. If "APPLIED FOR" is preprinted in Block 4, you MUST now provide the FEI number. A Social Security number is not considered to be the same as the FEI number. For FEI number assistance, call the IRS at (800) 829-1040.

**TO AVOID THE \$400.00 LATE FEE, PLEASE RETURN THE
CORRECTED REPORT TO: DIVISION OF CORPORATIONS, P.O. BOX
1500, TALLAHASSEE, FLORIDA 32302-1500 WITHIN 30 DAYS OF THE
DATE OF THIS LETTER.**

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 488-9000.

/TR
ANNUAL REPORTS SECTION

Division of Corporations - P.O. BOX 6327 - Tallahassee, Florida 32314