

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Mar 27, 2001 8:00 am
Secretary of State

03-27-2001 90075 001 ****61.25
03-27-2001 90075 002 ****88.75
03-27-2001 90075 003 ****8.75

DOCUMENT # P00000044749

1. Entity Name
ERP INFOSYS INC.

Principal Place of Business
**13455 FARMCREST CT #721
HERDON VA 20171**

Mailing Address
**13455 FARMCREST CT #721
HERDON VA 20171**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
7200 Sunshine Skyway Lane

3. Mailing Address
P.O. Box 66627

Suite, Apt. #, etc.
South, #6H

Suite, Apt. #, etc.

City & State
SAINT PETERSBURG, FL

City & State
ST. PETE BEACH, FL

4. FEI Number
59-3658039

Applied For
Not Applicable

Zip
33711

Country
USA

Zip
33736

Country
USA

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**NATRIONAL REGISTERED AGENTS, INC.
526 EAST PARK AVE
TALLAHASSEE FL 32301**

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.

(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) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

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

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
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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: *Mary L. Mathews* **MARY L. MATHEWS** **President** **2/20/01** **630-258-8730**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)