

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 18, 2003 8:00 am
Secretary of State

08-18-2003 90169 041 ***150.00

DOCUMENT # P00000071962

1. Entity Name
ERICKSON CONSULTING ENGINEERS, INC.



Principal Place of Business
4319 SW 86TH WAY
GAINESVILLE FL 32608

Mailing Address
4319 SW 86TH WAY
GAINESVILLE FL 32608

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 **58-2631795**

Applied For

Not Applicable

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

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ERICKSON, KARYN M
4319 SW 86TH WAY
GAINESVILLE FL 32608

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

FILE NOW!!! FEE IS \$550.00
After September 10, 2003 Fee will be \$750.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D ☐ Delete
NAME	ERICKSON, KARYN M
STREET ADDRESS	4319 SW 86TH WAY
CITY-ST-ZIP	GAINESVILLE FL 32608
TITLE	☐ Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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

Aug 11, 2003 **352-318-2765**

CR2E034 (4/03)

Attachment

90151160
PD00000071962



Erickson Consulting Engineers, Inc.
4319 SW 86th Way
Gainesville, Florida 32608
352-375-6934

August 6, 2003

Florida Department of State
Division of Corporations
Uniform Business Report Filings
P.O. Box 1500
Tallahassee, FL 32302-1500

RE: Document No. P00000071962
Erickson Consulting Engineers, Inc.

Dear Ms. Hood:

This letter is to request that the late penalty fee for filing the Uniform Business Report be waived as Erickson Consulting Engineers, Inc. (ECE) did not receive the prior notice regarding this filing. We have filed on-time in all previous years, but we did not receive the current filing notice until late July 2003.

Attached is a check for \$150.00 to pay the original filing fee. Additionally, we have made changes in our business and accounting programs to notice us annually of the USB filing dates and fees due. Thank you for your consideration of this matter.

Sincerely,

A handwritten signature in cursive script, appearing to read "Karyn Erickson", written over a horizontal line.

Karyn M. Erickson, President
Erickson Consulting Engineers, Inc.