

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

0030169 AV

DOCUMENT # P00000100978

1. Entity Name  
ERC OF KEY WEST, INC.



APPROVED  
AND  
FILED

03 OCT 14 PM 1:41

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
~~525 SIMONTON ST.~~  
KEY WEST FL 33040

Mailing Address  
~~525 SIMONTON ST.~~  
KEY WEST FL 33040

2. Principal Place of Business

1511 TRUMAN AVE

3. Mailing Address

1511 TRUMAN AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.



REINSTATEMENT 2003

☐ CHECK HERE IF MAKING CHANGES

City & State

KEY WEST, FL

City & State

KEY WEST, FL

4. FEI Number

65-1051296

Applied For

Not Applicable

Zip

33040

Country

Zip

33040

Country

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

CZAPLICKI, EDWARD R  
~~525 SIMONTON ST.~~  
KEY WEST FL 33040

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

1511 TRUMAN AVE

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

*Edward R. Zaplicki*  
Signature, typed or printed name of registered agent and title if applicable.

EDWARD R. CZAPLICKI PRESIDENT.

10/9/03  
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  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE D ☐ Delete  
NAME CZAPLICKI, EDWARD R  
STREET ADDRESS ~~525 SIMONTON ST.~~  
CITY-ST-ZIP KEY WEST FL 33040

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 ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS 1511 TRUMAN AVE  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS 600023454806  
CITY-ST-ZIP 09/30/03--01090--016 \*\*\$50.00

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS 600023454806  
CITY-ST-ZIP 10/15/03--01053--004 \*\*\$200.00

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:

*Edward R. Zaplicki*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/5/03 305 292-2230  
Date Daytime Phone #

CR2E034 (4/03)