

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000117625

1. Entity Name
ERICKSON'S DRYING SYSTEMS, INC.



Principal Place of Business
12165 METRO PKWY
UNIT #1
FT MEYERS FL 33912

Mailing Address
P.O BOX 61571
FT. MYERS FL 33906

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 65-1065457

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ERICKSON, KENNETH
6841 DABNEY STREET
FT MEYERS FL 33912

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. 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 \$150.00

After May 1, 2003 Fee will be \$550.00

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 NAME ☐ Delete
P ERICKSON, KENNETH
STREET ADDRESS 6841 DABNEY STREET
CITY-ST-ZIP FT MEYERS FL 33912

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME ☒ Change ☐ Addition
President Erickson, Kenneth
STREET ADDRESS 11124 Seminole Palm Way
CITY-ST-ZIP Ft Myers, FL 33912

TITLE NAME ☐ Change ☒ Addition
Vice President. Erickson, Christine
STREET ADDRESS 11124 Seminole Palm Way
CITY-ST-ZIP Ft Myers, FL 33912

TITLE NAME ☐ Change ☒ Addition
Treasurer DRANSFIELD, JOHN
STREET ADDRESS 12165 Metro Parkway, Unit #1
CITY-ST-ZIP Ft Myers, FL 33912

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

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

TITLE NAME ☐ Change ☐ Addition
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/14/03 239-277-7744

Date

Daytime Phone #

Amended -
Added officers Below.
after online Application
was done

03 JUN 17 PM 12:30



☒ CHECK HERE IF MAKING CHANGES

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CR2E034 (10/02)