

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 17, 2003 8:00 am**  
**Secretary of State**

01-17-2003 90152 001 \*\*\*300.00

**DOCUMENT # P01000003279**

1. Entity Name

**RISEN SON ENTERPRISES, INC.**



Principal Place of Business

**437 CHARLES PICKNEY ST  
ORANGE PARK FL 32073**

Mailing Address

**437 CHARLES PICKNEY ST  
ORANGE PARK FL 32073**

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

**59-3696749**

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, PAUL R**

**437 CHARLES PICKNEY ST  
ORANGE PARK FL 32073**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**DPVS  
ERICKSON, PAUL R  
437 CHARLES PICKNEY ST  
ORANGE PARK FL 32073** ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**T  
ERICKSON, PAUL R  
437 CHARLES PICKNEY ST  
ORANGE PARK FL 32073** ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
ERICKSON, EDITH A  
437 CHARLES PICKNEY ST  
ORANGE PARK FL 32073** ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
ERICKSON, CHRISTOPHER P  
437 CHARLES PICKNEY ST  
ORANGE PARK FL 32073** ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
MCCALEB, KRISTIN M  
437 CHARLES PICKNEY ST  
ORANGE PARK FL 32073** ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
OUELLETTE, JOHN P  
437 CHARLES PICKNEY ST  
ORANGE PARK FL 32073** ☐ Delete

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

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 an officer like empowered.

SIGNATURE:

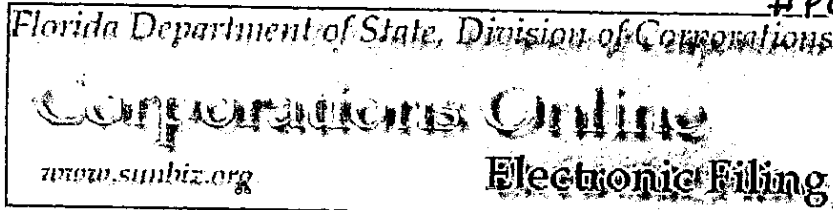
**SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**

Date

Daytime Phone #

**909-298-1589**

CR2E034 (10/02)



Attachment  
#P01000003279  
55001592

## Sunbiz E-file Account Application

Account Name: Risen Son Enterprises Inc.

E-mail Address: PAULRE1@ATTBI.COM

Mailing Address: FEI # 593696749

437 Charles Pinckney Street  
Orange Park, FL 32073

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: (904) 298-1589 Fax: (904) 298-1588

Contact Person: PAUL R BRICKSON

Signature: Paul R Brickson

Password: S80 Volvo

( minimum length - 4 characters, maximum 12 characters )

\*\*\* An account number will be E-mailed to you as soon as the application is processed \*\*\*

**Mailing Address**  
Division of Corporations

Public Access Accounts  
P.O. Box 6327  
Tallahassee, FL 32314

**Courier Address**  
Division of Corporations

Public Access Accounts  
409 E. Gaines Street  
Tallahassee, FL 32399

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