

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

0564397 AV

DOCUMENT # P01000028100

1. Entity Name
ERSKINE VENTURES, INC.



FILED

03 APR 16 AM 8:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business
**8001 DESTO WOODS DR
SARASOTA FL 34243**

Mailing Address
**8001 DESTO WOODS DR
SARASOTA FL 34243**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

☐ CHECK HERE IF MAKING CHANGES

Zip

Country

Zip

Country

4. FEI Number **65-1143817**

Applied For
Not Applicable

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

**UCC FILING & SEARCH SERVICES, INC.
526 EAST PARK AVENUE
TALLAHASSEE FL 32301**

Name

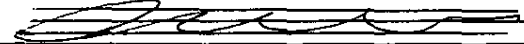
Street Address (P.O. Box Number is Not Acceptable)

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE  DATE

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 **DP** ☐ Delete
NAME **FENTON, SHELDON**
STREET ADDRESS **149 DUNVEGAN ROAD**
CITY-ST-ZIP **TORONTO, ONT. CANADA M5P-2N8**

TITLE ☐ Change ☐ Addition
NAME **600017549636**
STREET ADDRESS **04/30/03--01032--009**
CITY-ST-ZIP ****150.00**

TITLE **DCS** ☐ Delete
NAME **GAREAU, RENE**
STREET ADDRESS **603 SARASATA QUAY**
CITY-ST-ZIP **SARASOTA FL 34236**

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

TITLE **SVP** ☐ Delete
NAME **FENTON, BRIAN**
STREET ADDRESS **586 CASTLEFIELD AVENUE**
CITY-ST-ZIP **TORONTO, ONT. CANADA M5N-1L8**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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

Date **April 14, 2003**

Daytime Phone #

CR2E034 (10/02)