

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 27, 2003 8:00 am
Secretary of State

01-27-2003 90151 037 ***150.00

DOCUMENT # P01000029756

1. Entity Name
ERIC RODRIGUE, INC.



Principal Place of Business
2545 COACHMAN RD. #209
CLEARWATER FL 33765

Mailing Address
2545 COACHMAN RD. #209
CLEARWATER FL 33765

NEW ADDRESS



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.
926 EAST LAKE DR.
City & State
OLDSMAR FL.
Zip
34677 Country

Suite, Apt. #, etc.
926 EAST LAKE DR.
City & State
OLDSMAR FL.
Zip
34677 Country

☒ **CHECK HERE IF MAKING CHANGES**

4. FEI Number **59-3708483**

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

RODRIGUE, ERIC
2545 COACHMAN RD, #209
CLEARWATER FL 33765

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 *Eric Rodriguez*
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

JAN 23rd 2003

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 ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RODRIGUE, ERIC 2545 COACHMAN RD, #209 CLEARWATER FL 33765	<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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 all other like empowered.

SIGNATURE:

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

JAN 23rd 2003

Date

Daytime Phone #

CR2E034 (10/02)