**FILED** 

03-06-2003 90132 023 \*\*\*150.00

## **2003 FOR PROFIT CORPORATION** UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT #

P01000068480

1. Entity Name

ERICKSON POINT, INC.



Principal Place of Business 817 DOUGLAS AVE., STE. 177 ALTAMONTE SPRINGS FL 32714			Mailing Address 817 DOUGLAS AVE STE. 177 ALTAMONTE SPRINGS FL 32714										
2. Principal	Place of Busine	ss	<b>3.</b> Ma	iling Address		<del></del>							
Suite, Apt. #, etc.			Suite, Apt. #, etc.					☐ CHECK HERE IF MAKING CHANGES					
City & State			City & State				4.	4. FEI Number 59-3729927 Applied For Not Applied					
Zip		Country	Zip		Cour	ntry	5.	Certificate of Status De	esired	<b>\$</b>	8.75 Ac	lditional	
	6. Name a	nd Address of Current	Registere	ed Agent	<u> </u>		7.	Name and Address o	f New Regist				
						Name							
Godbold, gene h							0						
222 W. COMSTOCK AVE., STE. 101				Stre			Address (P.O. Box Number is Not Acceptable)						
	PARK FL 3278												
**********		~						ATRA A			_		
						City				FL	Zip Cod	de	
8. The above the obliga	e named entity s tions of register	submits this statement fo ed agent.	r the purp	ose of changing its	register	ed office or re	gistered aç	gent, or both, in the Sta	te of Florida.	I am far	miliar with,	and accept	
SIGNATURE	Signature typed by	printed name of registered agent	and title if one	No.	<u> </u>	14							
	· · · · · · · · · · · · · · · · · · ·		ни ше парр	ilicable. (NOT	E: Hegistere	d Agent signature r	required when r	reinstating)		DATE			
Afte	r May 1, 2003	FEE IS \$150.00 Fee will be \$550.00 Torida Department of	State					9. Election Camp Trust Fund Con	-	ġ □	<b>\$5.0</b> Adde	00 May Be d to Fees	
10.		OFFICERS AND	DIBECTO	BS.	11.		Α.Γ	L DDITIONS/CHANGES	TO OFFICERS	AND D	UDECTOR	0.0111	
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12. I hereby certify that the information supplied with this filling 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:**