

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

**FILED**  
**Jun 11, 2002 8:00 am**  
**Secretary of State**

06-11-2002 90152 003 \*\*\*150.00

DOCUMENT # *P01000069190*

1. Entity Name

*ERIC'S M. ENTERPRISES, INC.*

117648

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

*901 HILLCREST DR.*

3. Mailing Address

*6209 MISSION DR.*

Suite, Apt. #, etc.

*# 405*

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

*HOLLYWOOD, FL*

City & State

*ORLANDO, FL*

4. FEI Number

*Applied for*

☒ Applied For  
☐ Not Applicable

Zip

*33021*

Country

*USA*

Zip

*32810*

Country

*USA*

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

**DO NOT WRITE  
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

*DUHANEY PEART*

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

*6209 MISSION DR.*

City

*ORLANDO*

**FL**

Zip Code

*32810*

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible  
Tax filing requirement and elects to do so.  
(See criteria on back) ☐

**January 1 - May 1 Fee is \$150.00**

**After May 1 Fee is \$550.00**

**Amended UBR is \$61.25**

**Make Check Payable to Department of State**

10. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE *D.P.*  
NAME *ERIC PEART*  
STREET ADDRESS *901 HILLCREST DR #405*  
CITY - ST - ZIP *HOLLYWOOD, FL 33021*

TITLE *D*  
NAME *DUHANEY PEART*  
STREET ADDRESS *6209 MISSION DR.*  
CITY - ST - ZIP *ORLANDO FL 32810*

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IN THIS SPACE**

13. 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 11 or on an attachment with an address with all other like empowered.

SIGNATURE: *[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/01)

Eric's M. Enterprises, Inc.  
901 Hillcrest Dr. #405  
Hollywood, FL 33021

Attachment  
Document #  
PO1000069190  
117648

Monday, May 20, 2002

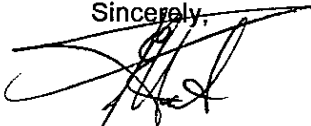
Department of State  
Annual Report filings  
Division of Corporations  
PO. Box 6327  
Tallahassee, FL 32314

To Whom it May Concern:

We hereby request a waiver of the penalties imposed for late filing of our 2002 annual report.

Our business address has changed and we did not receive a form or any other notification to file the report.

Sincerely,

A handwritten signature in black ink, appearing to read 'Eric Peart', written over a horizontal line.

Eric Peart, Pres.