

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 91516 044 ***150.00

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

DOCUMENT # P01000083986

1. Entity Name
ERIC FILKINS, CPA, P.A.



Principal Place of Business
**75 EAST PROSPECT ROAD
 SUITE 7
 FT. LAUDERDALE, FL 33334**

Mailing Address
**75 EAST PROSPECT ROAD
 SUITE 7
 FT. LAUDERDALE, FL 33334**

2. Principal Place of Business
87 E. Prospect Road
 Suite, Apt. #, etc. **8**

3. Mailing Address
87 E. Prospect Road
 Suite, Apt. #, etc. **8**

City & State
Fort Lauderdale, FL

City & State
Fort Lauderdale, FL

Zip
33334 Country **USA**

Zip
33334 Country **USA**



CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent
**FILKINS, ERIC
 75 EAST PROSPECT ROAD
 SUITE 7
 FT. LAUDERDALE, FL 33334**

4. FEI Number
65-1136446

Applied For
 Not Applicable

5. Certificate of Status Desired: **\$8.75** Additional Fee Required

7. Name and Address of New Registered Agent

Name **Eric Filkins**

Street Address (P.O. Box Number is Not Acceptable)
87 E. Prospect Road, Suite 8

City **Fort Lauderdale** State **FL** Zip Code **33334**

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 Filkins* DATE **4/25/03**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent Signature required when reinstating)

FILE NOW!!! FEE IS \$160.00
 After May 1, 2003 Fee will be \$650.00
 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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete FILKINS, ERIC 75 EAST PROSPECT ROAD SUITE 7 FT. LAUDERDALE, FL 33334
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Filkins, Eric 87 E. Prospect Road, Ste 8 Fort Lauderdale, FL 33334
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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)(1), 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: *Eric Filkins* DATE **4/25/03** (954) 458-9298

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2034 (10/02)