

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 17, 2003 8:00 am
Secretary of State

01-17-2003 90152 001 ***300.00

DOCUMENT # P01000088950



1. Entity Name
RISEN SON & ASSOCIATES EXPORTING & IMPORTING, IN C.

Principal Place of Business
**437 CHARLES PICKNEY STREET
ORANGE PARK FL 32073**

Mailing Address
**437 CHARLES PICKNEY STREET
ORANGE PARK FL 32073**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number
59-3742078

Applied For
Not Applicable

Zip

Country

Zip

Country

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

**ERICKSON, PAUL
437 CHARLES PICKNEY STREET
ORANGE PARK FL 32073**

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

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 ☐ Delete
NAME **D**
STREET ADDRESS **ERICKSON, PAUL**
CITY-ST-ZIP **437 CHARLES PICKNEY STREET
ORANGE PARK FL 32073**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
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CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition
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STREET ADDRESS
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:

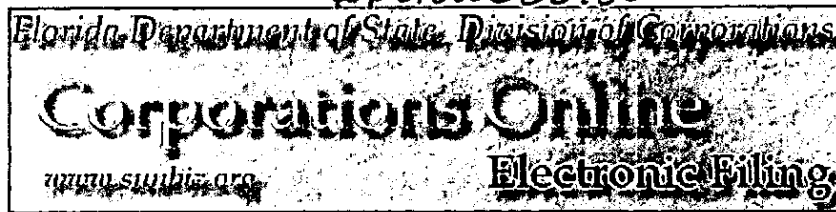
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

904-298-1589

CR2E034 (10/02)



Sunbiz E-file Account Application

Account Name: RISEN SON & ASSOCIATES EXPORTING & IMPORTING, IN

E-mail Address: PAULRE1@ATTBI.COM

Mailing Address: _____

Mailing Address

437 CHARLES PICKNEY STREET
ORANGE PARK FL 32073

FEI Number

59-3742078

City: _____ State: _____ Zip: _____

Phone: (904) 298-1509 Fax: (904) 298-1508

Contact Person: PAUL R ERICKSON

Signature: Paul R Erickson

Password: 580V01V0

(minimum length - 4 characters, maximum 12 characters)

*** An account number will be E-mailed to you as soon as the application is processed ***

Mailing Address

Division of Corporations

Public Access Accounts

P.O. Box 6327

Tallahassee, FL 32314

Courier Address

Division of Corporations

Public Access Accounts

409 E. Gaines Street

Tallahassee, FL 32399

Sunbiz Home Page