

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # PO1000112757	
1. Entity Name PATRICIA G. ERICKSON, INC	

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 6278 NORTH FEDERAL HWY Suite, Apt. #, etc. 252		3. Mailing Address 6278 NORTH FEDERAL HWY Suite, Apt. #, etc. 252	
City & State FT. LAUDERDALE, FL		City & State FT LAUDERDALE FL	
Zip 33308	Country USA	Zip 33308	Country USA

DO NOT WRITE IN THIS SPACE

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		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required
		7. Name and Address of Current Registered Agent Name PATRICIA G. ERICKSON Street Address (P.O. Box Number is Not Acceptable) 6278 NORTH FEDERAL HWY 252 City ft. lauderdale FL Zip Code 33308		

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  **PATRICIA G. ERICKSON** **6/4/04**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

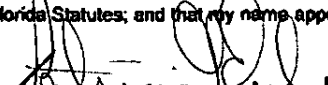
January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$650.00
Amended UBR is \$61.25

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.	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT PATRICIA G. ERICKSON 6278 NORTH FEDERAL HWY FT. LAUDERDALE, FL 33308	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO NOT WRITE IN THIS SPACE
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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 on an attachment with an address, with all other like empowered.

SIGNATURE:  **PATRICIA G. ERICKSON** **6/4/04** **786-368-7114**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Patricia G. Erickson, Inc
6278 North Federal Highway # 252
Ft. lauderdale, FL. 33308
TEL: 786-368-7114
FAX: 305-861-0084

June 6, 2004

Department of State
Division of Corporations
Corporate Filings
PO Box 6327
Tallahassee, Fl. 32314

REF: Reinstatement
Federal I.D. Number 65-1157649

Recently, I was advised by my bank that I am required to file an annual report

I never received any notification that I was obligated to do so.

Therefore, under these circumstances, I am requesting reinstatement and a waiver of penalty.

Enclosed is my check for \$ 150.00

Thank you for your anticipated cooperation.

Very truly yours


Patricia Erickson