

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

FILED
Jan 14, 2005 08:00 AM
Secretary of State

ATX1

DOCUMENT # <u>801000112757</u>	
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 City & State FT. LAUDERDALE, FL Zip 33308		3. Mailing Address 6278 NORTH FEDERAL HWY Suite, Apt. #, etc. 252 City & State FT LAUDERDALE FL Zip 33308	
Country USA		Country USA	

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-1157649		Applied For <input checked="" type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	

DO NOT WRITE IN THIS SPACE		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

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]* **PATRICIA G. ERICKSON** 1/7/05

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 \$550.00
Amended UBR is \$61.25

9. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**

Make Check Payable to Florida Department of State

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	
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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: *[Signature]* **PATRICIA G. ERICKSON** 1/7/05 **786-368-7114**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #