2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT



FILED Jan 21, 2003 8:00 am Secretary of State

1. Entity Na		ERS, INC.	,		01-21-2003 90220 033 ***158.75			
Principal Pla 10831 CANA LARGO FL 3		Mailing Address 10831 CANAL ST LARGO FL 33777						
2 Principal	Class of During			 				
1 .	2. Principal Place of Business 3. Mailing Address		5		i enseembe in assin timit abite adite motif d	# CB1 15# CB 1#11# 1#1	t atata lati 1861	
Suite, Ap	Suite, Apt. #, etc. Suite, Apt. #, etc.				CHECK HERE IF MAKING CHANGES			
City & State City & State					4. FEI Number 030391376	———	Applied For lot Applicable	
337	Country	Zip	Count	try	5. Certificate of Status Desired	\$8.75 Ac		
	6. Name and Address of Curre	nt Registered Agent			7. Name and Address of New Register	Fee Required Agent	30	
GRIFFIN, WILLIAM H				Name				
10831 CANAL ST					dress (P.O. Box Number is Not Acceptable)			
	FL 33777		}					
				Ciby				
O The share				City		Zip Cod	- 1	
the obliga	e named entity submits this statemen tions of registered agent.	t for the purpose of chang	ring its registere	d office or register	red agent, or both, in the State of Florida. 1 a	ım familiar with,	and accept	
SIGNATURE					Ne	ha	ì	
	Signature, typed or printed name of registered ag	ent and title if applicable.	(NOTE: Registered	Agent signature required	when reinstating) DAI			
Afte	ILE NOW!!! FEE IS \$150.00 r May 1, 2003 Fee will be \$550.0 k Payable to Florida Department	0 of State			Election Campaign Financing Trust Fund Contribution.		00 May Be d to Fees	
10.		ID DIRECTORS	11.		ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTOR	S IN 11	
TITLE NAME	D Griffin, William H	⊠ Delete	TITLE		11-1-	Change	Addition	
STREET ADORESS CITY-ST-ZIP	10831 CANAL ST			۲ تک ۱		• -		
	I LARGO EL 33777			TADODECC I // >	neres, Seth F 31 Canal St.	•		
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TITLE NAME	D SEKERES, ERIC S	₩ Delete	CITY-S	TADDRESS 108 ST-ZIP LAN	eres, Charles H	☐ Change	Addition	
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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)(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: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OF