


FILED
Aug 04, 2003 8:00 am
Secretary of State

05-01-2003 90807 008 ***150.00

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

DOCUMENT # P02000050559

1. Entity Name
RHONDA ERICKSON CLEANING, INC.



Principal Place of Business
**5450 W HIGHWAY 318
 ORANGE LAKE FL 34470-6310**

Mailing Address
**PO BOX 282
 MCINTOSH FL 32664-0282**

55053057



2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

CHECK HERE IF MAKING CHANGES

City & State
 Zip Country Zip Country

4. FEI Number
07-0682322

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
**ERICKSON, RHONDA
 5450 W HIGHWAY 318
 ORANGE LAKE FL 34470-6310**

7. Name and Address of Now Registered Agent
 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.

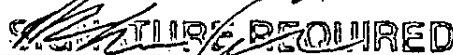
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

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 NAME STREET ADDRESS CITY-ST-ZIP	D ERICKSON, RHONDA 5450 W HIGHWAY 318 ORANGE LAKE FL 34470-6310	TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Secretary ERickson, Rhonda 5450 W Hwy 318 ORANGE LAKE, FLA 32681
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ERICKSON, HAROLD PO BOX 466 MCINTOSH FL 32664-0466	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President & Treasurer ERickson, Harold P.O. BOX 466 MCINTOSH, FLA 32664-0466
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROBBINS, ANDREW PO BOX 282 MCINTOSH FL 32664-0282	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MEADOWS, TONIA PO BOX 3102 OCALA FL 34478-3102	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME 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 REQUIRED** **4/25/03** **352-427-7969**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)