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.

1

55053057

Principal Place of Business	Mailing Address
5450 W HIGHWAY 318	PO BOX 282
ORANGE LAKE FL 34470-6310	MCINTOSH FL 32664-0282

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number 01-0682322 — Applied For / Not Applicable

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, RHONDA 5450 W HIGHWAY 318 ORANGE LAKE FL 34470-6310	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 D NAME ERICKSON, RHONDA STREET ADDRESS 5450 W HIGHWAY 318 CITY-ST-ZIP ORANGE LAKE FL 34470-6310	☐ Delete	TITLE President, Secretary NAME Erickson, Rhonda STREET ADDRESS 5450 W Hwy 318 CITY-ST-ZIP Orange Lake, Fla 32681	☒ Change ☐ Addition
TITLE D NAME ERICKSON, HAROLD STREET ADDRESS PO BOX 466 CITY-ST-ZIP MCINTOSH FL 32664-0466	☐ Delete	TITLE Vice President & Treasurer NAME Erickson, Harold STREET ADDRESS P.O. Box 466 CITY-ST-ZIP McIntosh, Fla 32664-0466	☒ Change ☐ Addition
TITLE D NAME ROBBINS, ANDREW STREET ADDRESS PO BOX 282 CITY-ST-ZIP MCINTOSH FL 32664-0282	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE D NAME MEADOWS, TONIA STREET ADDRESS PO BOX 3102 CITY-ST-ZIP OCALA FL 34478-3102	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

CR2E034 (10/02)

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 #