


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

| | |
|---|---|
| DOCUMENT # P 02 00 012 1671 |  |
| 1. Entity Name ELECTRONIC RECORDKEEPING SYSTEMS INC | |

FILED

03 APR 15 PM 2:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

| | |
|--|--|
| 2. Principal Place of Business 5555 COLLEGE RD | 3. Mailing Address 5555 COLLEGE RD |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |

DO NOT WRITE IN THIS SPACE

| | | | |
|-------------------------------------|-------------------------------------|---|--|
| City & State KEY WEST, FL | City & State KEY WEST, FL | 4. FEI Number 65-1160538 | Applied For <input type="checkbox"/> Not Applicable |
| Zip 33040 | Country USA | 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 Spiegel & Utrera, P.A. |
| Street Address (P.O. Box Number is Not Acceptable) 1840 Coral Way, 4th Floor |
| City MIAMI |
| FL Zip Code 33145 |

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

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

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

| | |
|---|---|
| TITLE NAME STREET ADDRESS CITY - ST - ZIP P/T/S/D DONALD A HEIERMANN 5555 COLLEGE RD KEY WEST FL 33040 | TITLE NAME STREET ADDRESS CITY - ST - ZIP 800017340708 04/30/03--01003--042 **150.00 |
| 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 | 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 |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | TITLE NAME STREET ADDRESS CITY - ST - ZIP |

**DO NOT WRITE
IN THIS SPACE**

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:

DONALD A. HEIERMANN
Donald A. Heiermann

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/2/03
Date

317-698-4089
Daytime Phone #

CR2E034B (12/02)