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

Mailing Address

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1. Entity Name

Principal Place of Business

ERI MERCHANDISING SERVICES, INC.



Apr 30, 2003 8:00 am Secretary of State

04-30-2003 90055 039 \*\*\*150.00

1104/040

290 BRYAN RO DANIA FL 330		290 BRYAN ROAD DANIA FL 33004		ļ	1104/340							
- B / - 1 - 1 - 1												
2. Principal F	Place of Business	3. Mailing Address		Ì	1 12010391 131 90119 11211 00111 20111 00111	111616 11615 16151	(1961 1197 188)					
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			CHECK HERE IF MAKING CHANGES							
City & Stat	е	City & State			4. FEI Number 30 - 0/27337	<del> </del>	pplied For ot Applicable					
Zip Country		Zip	Country		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								
TARONE	THEODORE T JR		Name	M	ILLER . BRIAN							
	IBAUGH & TARONE PA	Street Address			P.O. Box Number is Not Acceptable)							
	L PALM WAY SUITE 201		2	ZGO BRYAN RO								
PALM BEA	CH FL 33480			<del></del>		Zip Cod	le 00 4					
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												
SIGNATURE .	Signature, typed or printed name of registered agent a	and title if applicable. (NOTE:	Registered Agent signatur	re required v	when reinstating) DATE	28/03	<u>'</u>					
After	ILE NOW!!! FEE IS \$150.00 May 1, 2003 Fee will be \$550.00	ł	स्थान प्रक्रमा गिला क	تار بالطبيعة أيا سلت	9. Election Campaign Financing		00 May Be					
	Payable to Florida Department of											
10.	OFFICERS AND	DIRECTORS Delete	TITLE	DT	ADDITIONS/CHANGES TO OFFICERS AN	D DIRECTOR  Change	S IN 11  Addition					
NAME	PARKER, RANDY	Delete	NAME	4011	LLER, BRIAN		Audition					
	1751 NW 107TH WAY		STREET ADDRESS	370	IS FLAGLER, DR, B	1303	_					
CITY-ST-ZIP	PLANTATION FL 33322		CITY-ST-ZIP		ST PALM BEACH, PL							
TITLE NAME	d Ward, Nathan	Delete	TITLE NAME	DPI	eker, randt	Change	Addition					
	209 BOVERLT ROAD		STREET ADDRESS	i i i i i i i i i i i i i i i i i i i								
CITY-ST-ZIP	WEST PALM BEACH FL 33405		CITY-ST-ZIP	1 d = 1 = -								
TITLE	D	Delete	TITLE	DY	114 = 3 = 1	☐ Change	Addition					
	MCGRUDER, SHAWN		NAME	JAN	NES HARPEL PARK AVS							
STREET ADDRESS City-ST-ZIP	225 RUGBY ROAD WEST PALM BEACH FL 33405		STREET ADDRESS CITY-ST-ZIP		N 70 CK, NY 10028							
TITLE		☐ Delete	TITLE			☐ Change	☐ Addition					
NAME	L.		NAME									
STREET ADDRESS (			STREET ADDRESS CITY-ST-ZIP									
TITLE		☐ Delete	TITLE			☐ Change	☐ Addition					
NAME		□ Delete	NAME			□ Gliange	Manifori					
STREET ADDRESS			STREET ADDRESS				1					
CITY-ST-ZIP		·	CITY-ST-ZIP		·							
TITLE		☐ Delete	TITLE			☐ Change	☐ Addition					
NAME STREET ADDRESS			NAME STREET ADDRESS				}					
CITY-ST-ZIP			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: