


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

FILED
Mar 23, 2005 8:00 am
Secretary of State

03-23-2005 90028 020 ***150.00

DOCUMENT # P03000135882	
1. Entity Name ERIKA'S Place, INC.	

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 714 Broadway Suite, Apt. #, etc.	3. Mailing Address 714 Broadway Suite, Apt. #, etc.
City & State Dunedin FL	City & State Dunedin FL
Zip 34698 Country USA	Zip 34698 Country USA

DO NOT WRITE IN THIS SPACE

DO NOT WRITE IN THIS SPACE	4. FEI Number 113708396		Applied For <input type="checkbox"/> Not Applicable
	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		
	7. Name and Address of Current Registered Agent		
	Name JOANNA L. MINICARELLI		
Street Address (P.O. Box Number is Not Acceptable)			
790 OHIO AVENUE			
City Palm Harbor FL Zip Code 34683			

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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>		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. <input type="checkbox"/> \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P JOANNA L. MINICARELLI 790 OHIO AVE Palm Harbor, FL 34683	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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)(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: Joanna L. Minicarelli	2/25/05	727-733-0461
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Joanna L. Minicarelli		
Date Daytime Phone #		

CR2E034B (12/02)