

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 14, 2003 8:00 am
Secretary of State

07-14-2003 90171 004 ***150.00

DOCUMENT # P10398

1. Entity Name

ERLANGER ENTERPRISES, INC.



Principal Place of Business
400 BLUE LAKE DR (32779)
P O BOX 915206
LONGWOOD FL 32791-2206

Mailing Address
400 BLUE LAKE DR (32779)
P O BOX 915206
LONGWOOD FL 32791-2206



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **61-0995112**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-0000

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 *Weldon Harris*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$550.00 ^{750.00}

After September 10, 2003 Fee will be \$750.00
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 ☐ Delete
NAME **PVS**
STREET ADDRESS **HARRIS, WELDON**
CITY-ST-ZIP **400 BLUE LAKE DR.**
LONGWOOD FL

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME **TD**
STREET ADDRESS **HARRIS, WELDON**
CITY-ST-ZIP **400 BLUE LAKE DR.**
LONGWOOD FL

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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TITLE ☐ Change ☐ Addition
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: *Weldon Harris* **WELDON HARRIS**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/16/03

Date

407-718-0734

Daytime Phone #

CR2E034 (4/03)

0127392 AT

Attachment

90142396
P10398

ERLANGER ENTERPRISES, INC.
P. O. BOX 915206
LONGWOOD, FLORIDA 3279105206
JULY 10, 2003

Divisions of Corporations
Uniform Business Report Filings
P. O. Box 1500
Tallahassee, FL. 32302-1500

Gentlemen:

I am enclosing the \$150.00 filing fee Document #P10398
for the year 2003. I did not receive the previous notice
for this report.

Thank you,

ERLANGER ENTERPRISES, INC.



Weldon Harris
President