

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P92000011532**

1. Entity Name

A.G. ERIKSSON COMPANY

Principal Place of Business

Mailing Address

**2815 PETERS RD
FT PIERCE FL 34945
US****2815 PETERS RD
FT PIERCE FL 34945-2623
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**ERIKSSON, AUSTIN G.
1113 CORAL CLUSTER
2400 S. OCEAN DR.
FT. PIERCE FL 34949**

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐**FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State**10. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00 May Be
Added to Fees**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input type="checkbox"/> Delete
NAME	ERIKSSON, AUSTIN G	
STREET ADDRESS	2400 S. OCEAN DR.	
CITY-ST-ZIP	FT. PIERCE FL 34949	
TITLE	DST	<input type="checkbox"/> Delete
NAME	KRISTIN ERIKSSON	
STREET ADDRESS	2400 S. OCEAN DR.	
CITY-ST-ZIP	PT. PIERCE FL 34949	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/30/00

Date

Daytime Phone #

466-8108

FILED
Feb 08, 2000 8:00 am
Secretary of State

02-08-2000 90071 015 ***150.00



DO NOT WRITE IN THIS SPACE