

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

FILED
Apr 23, 2002 8:00 am
Secretary of State

04-23-2002 90326 028 ***150.00

DOCUMENT # P94000008841

1. Entity Name:

Gil Eriksen & Associates

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

399 SE 18th Court

Suite, Apt. #, etc.

3. Mailing Address

399 SE 18th Court

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Ft. Lauderdale, FL

City & State

Ft. Lauderdale, FL

Zip

33316

Country

USA

Zip

33316

Country

USA

4. FEI Number

65-0462888

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name:

Peter A. Rose

Street Address (P.O. Box Number is Not Acceptable)

5295 Town Center Road

Third Floor

City

Boca Raton

FL

Zip Code
33486

**DO NOT WRITE
IN THIS SPACE**

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 both if applicable.

(NOTE: Registered Agent Signature required when changing)

DATE

3/7/2002

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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

TITLE: P
NAME: Eriksen, Gilbert L
STREET ADDRESS: 399 SE 18th Court
CITY-STATE-ZIP: Ft. Lauderdale, FL 33316

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**DO NOT WRITE
IN THIS SPACE**

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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 on an attachment with an address, with whom I am associated.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Daytime Phone

3/15/2002
9544630623