

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000050506

1. Entity Name

ERSAL CORPORATION

**FILED**  
**May 11, 2000 8:00 am**  
**Secretary of State**

05-11-2000 90300 010 \*\*\*150.00

Principal Place of Business

58 CITRUS PARK LANE  
BOYNTON BEACH FL 33436  
US

Mailing Address

58 CITRUS PARK LANE  
BOYNTON BEACH FL 33436-1854  
US

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 65-0503475

Applied For

Not Applicable

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

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE FL 32301

Name

VIVIENNE CLARKE

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

58 CITRUS PARK LANE

City

BOYNTON BEACH FL

Zip Code

33436

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

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

VIVIENNE CLARKE

(NOTE: Registered Agent signature required when reinstating)

DATE

4/27/00

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	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	CHANGE	ADDITION
D	CLARKE, ERROL	58 CITRUS PARK LANE	BOYNTON BEACH FL	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
D	CLARKE, VIVIENNE A	58 CITRUS PARK LANE	BOYNTON BEACH FL	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>

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:

*Vivienne Clarke*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

VIVIENNE CLARKE

Date

Daytime Phone #

4/27/00