

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 22, 2002 8:00 am
Secretary of State

05-22-2002 90197 039 ***150.00

DOCUMENT # P94000090710

1. Entity Name

ERA ADVERTISING SPECIALTY, INC.

Principal Place of Business

**425 SUMMIT RIDGE PL.
 #109
 LONGWOOD FL 32779
 US**

Mailing Address

**425 SUMMIT RIDGE PL.
 #109
 LONGWOOD FL 32779
 US**

2. Principal Place of Business

**6906 Forest City RD
 Suite, Apt. #, etc.**

3. Mailing Address

**6906 Forest City RD
 Suite, Apt. #, etc.**

City & State

ORLANDO FL

City & State

ORLANDO FL

4. FEI Number

59-3290647

Applied For

Not Applicable

5. Certificate of Status Desired

☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

ABIDE, ELLIS R

**425 SUMMIT RIDGE PL. #109
 LONGWOOD FL 32779**

7. Name and Address of New Registered Agent

Name **Abide, Ellis R**

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

6906 Forest City RD

City **ORLANDO FL** Zip Code **32810**

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)

4/29/02
 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, 2002 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

TITLE **P** ☐ Delete
 NAME **ABIDE, ELLIS R.**
 STREET ADDRESS **850 DEERWOOD LOOP**
 CITY-ST-ZIP **LONGWOOD FL 32779**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
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 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **Pres.** ☒ Change ☐ Addition
 NAME **Ellis R Abide**
 STREET ADDRESS **6906 Forest City RD**
 CITY-ST-ZIP **ORLANDO FL 32810**

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

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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

4/29/02
 DATE

**407)
 292.5357**
 Daytime Phone #

CR2E034 (9/01)