

5/29

2002 UNIFORM BUSINESS REPORT (UBR)**FILED****Jul 04, 2002 8:00 am**
Secretary of State

05-29-2002 90679 045 ***150.00

DOCUMENT # P95000001425

1. Entity Name

RESORT STORES, INC.

Principal Place of Business

**1200 W RETTA ESPLANADE
PUNTA GORDA FL 33950**

Mailing Address

**1200 W RETTA ESPLANADE
PUNTA GORDA FL 33950**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0546656

Applied For

Not Applicable

Zip

Country

Zip

Country

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

Name

**ERICKSON, TIMOTHY J. - TIMOTHY J. ERICKSON
23183 DONALD AVENUE 3027 BACHMAN BLVD. #113
PT CHARLOTTE FL 33954 PUNTA GORDA, FL 33950**

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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME **D**
STREET ADDRESS **ERICKSON, TIMOTHY J**
CITY-ST-ZIP **2301 DONALD AVENUE
PT CHARLOTTE FL 33954**TITLE ☒ Change ☐ Addition
NAME **OWNER
TIMOTHY J. ERICKSON**
STREET ADDRESS **P.O. BOX 347**
CITY-ST-ZIP **NISSLA, MN 56468**TITLE ☐ Delete
NAME **D**
STREET ADDRESS **ERICKSON, KIMBERLY J**
CITY-ST-ZIP **23103 DONALD AVENUE
PT CHARLOTTE FL 33954**TITLE ☒ Change ☐ Addition
NAME **OWNER
KIMBERLY J. ERICKSON**
STREET ADDRESS **P.O. BOX 347**
CITY-ST-ZIP **NISSLA, MN 56468**TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
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CITY-ST-ZIPTITLE ☐ Delete
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CITY-ST-ZIPTITLE ☐ Change ☐ Addition
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 REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

5/1/02 (218) 963-7546

CR2E034 (9/01)