FILED

## **2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)**

## Jan 23, 2003 8:00 am **Secretary of State** P96000016072 DOCUMENT # 01-23-2003 90213 025 \*\*\*150.00 1. Entity Name LANCE ERICKSON BUILDERS INC. Principal Place of Business Mailing Address 1280 SE COLONY WAY 1280 SE COLONY WAY JUPITER FL 33478 JUPITER FL 33478 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. TO CHECK HERE IF MAKING CHANGES 4. FEI Number City & State City & State Applied For 65-0641966 Not Applicable Zip Country Country **\$8.75** Additional -5. Certificate of Status Desired 🕒 🗔 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent ERICKSON: LANCE A Street Address (P.O. Box Number is Not Acceptable) 1280 SE COLONY WAY JUPITER FL 33478 City Zio 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. TITLE ☐ Delete TITLE ☐ Addition ERICKSON, LANCE A NAME NAME 1280 SE COLONY WAY STREET ADDRESS STREET ADDRESS JUPITER FL 33478 CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITI F ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITI F Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS

12.: I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 1.19.07(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 out; 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 10 or Block 11 if changed, or on an attachment with an address, with all play like empowered.

CITY-ST-ZIP

CITY-ST-7IP

A. ERTCKSON SIGNATURE