

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

FILED

03 MAR -3 AM 8:52

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **P96000066913**  
1. Entity Name  
**ERC INC.**



**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business  
**1670 LAGO MAR DR.**  
Suite, Apt. #, etc.

3. Mailing Address  
**1670 LAGO MAR DR.**  
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State  
**VIERA, FLORIDA**  
Zip  
**32940** Country  
**USA**

City & State  
**Viera, Florida**  
Zip  
**32940** Country  
**USA**

4. FFI Number  
**65-0692920** Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

**DO NOT WRITE  
IN THIS SPACE**

## 7. Name and Address of Current Registered Agent

Name  
**Howard Cooperman**  
Street Address (P.O. Box Number is Not Acceptable)  
**1670 Lago Mar Drive**  
**Viera**  
City  
**Viera** FL Zip Code  
**32940**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

January 1 - May 1 Fee is \$150.00  
After May 1, Fee is \$550.00  
Amended UBR is \$61.25  
Make Check Payable to Florida Department of State

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

## 10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PRESIDENT -</b> <b>Howard Cooperman</b> <b>1670 LAGO MAR DR.</b> <b>VIERA, FL 32940</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>200013341172</b> <b>03/03/03--01065--014 **150.00</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VICE-PRESIDENT</b> <b>MARCIA Cooperman</b> <b>1670 LAGO MAR DR.</b> <b>VIERA, FL 32940</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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12. 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 reports 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: **Howard L Cooperman** 2/27/03 (321) 253-9138  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/02)