## **2001 UNIFORM BUSINESS REPORT (UBR)**

## DOCUMENT # **P97000077073**

1. Entity Name

ECONOMIC RESEARCH GROUP, INC.

01-10-2001 90008 032 \*\*\*150.00

Signature   Country   Zip   Country   S. Certificate of Status Desired   \$8.75 Additional Fee Required								
380 GALT OCEN DR NO 301 FT LAUDERDALE FL 33008  2. Principal Place of Business	Principal Plac	ce of Business	Mailing Address					
2. Principal Place of Business  Suite, Apt. #, etc.  Suite, Apt. #, etc.  City & State  City & State  City & State  Country  Zip  Country  Zip  Country  Zip  Country  Signation, ThOMAS  3850 GALT OCEAN DR  NO 901  FT LAUDERDALE FL 33308  SIGNATURE  Synation, Typed or printed name of implicated agent and site all applicable  (ROTE Implication of State State)  FLE NOW!!! FEE IS \$150.00  After MAY 1, 2001 Fee will be \$550.00  After MAY 1, 2001 Fe	3850 GALT OCEAN DR   NO 901		3850 GALT OCEAN DR NO 901					
Suito, Apt. #, etc.    City & State   City & State   City & State   City & State   A, FEI Number   65-0780564   Applied File   Next Applied File	FI LAUUEKUAL	LE PL 33306	FI DAUGENDALE FL 30300	0	1 100 No. 0 100 100 N (100 N (		48111 181	
Suito, Apt. #, etc.    City & State   City & State   City & State   City & State   A, FEI Number   65-0780564   Applied File   Next Applied File	0 D: ::-1D	20	Ta Mailing Address					
City & State    City & State   City & State   City & State   City & State   City & State   Country   City   Country	2. Principal P	flace of Business	3. Mailing Address			DRAN DRAN DRAN ISDA ER		
Country   Zip   Country   Zip   Country   S. Certificate of Status Desired   \$8.7.5 Additional Fee Required   \$8.7.5 Amen and Address of New Registered Agent   7. Name an	Suite, Apt.	#, etc.	Suite, Apt. #, etc.		DO NOT I	VRITE IN THIS SPA	CE	
6. Name and Address of Current Registered Agent  7. Name and Address of New Registered Agent  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.  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.  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.  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.  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.  8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida.  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.  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.  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.  8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida.  8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida.  8. The Address (P.O. Box Number is Not Acceptable)  1. The purpose of the State of Florida.  9. The Corporation is eligible to salisfy its Intangular agent agen	City & State	te	City & State		4. FEI Number 65-0780	564		oplied For ot Applicable
RIFFIN, THOMAS 3850 GALT OCEAN DR NO 901 FT LAUDERDALE FL 33308  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 primed name of registered agent and time if applicable.  NOTE Registered Agent signature required when retributed when retributed when retributed when retributed when retributed in the State of Florida.  SIGNATURE Signature, typed or primed name of registered agent and time if applicable.  NOTE Registered Agent signature required when retributed when ret	Zip	Country	Zip	Country	5. Certificate of Status Desire			
GRIFFIN, THOMAS 3850 GALT OCEAN DR NO 901 FT LAUDERDALE FL 33308  City FL  Zip Code  Code  City FL  Zip Code  Code Code Code Code Code Code Code		6. Name and Address of Current	Registered Agent		7. Name and Address of Ne	w Registered Age	nt	
3850 GALT OCEAN DR NO 901   FT LAUDERDALE FL 33308  City FL   Zip Code  City FL   Zip		<u></u>		Name				
R. 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 offer it applicable.  PATE  9. This corporation is eligible to satisfy its Intangible Tax filling requirement and elects to do so. (See criteria on back)  11. OFFICERS AND DIRECTORS  12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  ITILE  ORIFIEN Delete  11. OFFICERS AND DIRECTORS  12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  ITILE  ORIFIEN DELETE INTER  ORIFIEN THOMAS  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  ORIFIES DELETE  ORIFIED DELE	3850	GALT OCEAN DR		Street Addre	ess (P.O. Box Number is Not Accep	able)		
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 algrature required when reinstating]								
SIGNATURE    Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)   Page 150,00	FiL '	AUDERDALE PL 33308		City		FL	Zip Code	9
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, 2001 Fee will be \$550.00  Make Check Payable to Department of State  11. OFFICERS AND DIRECTORS  12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  ITILE  NAME  GRIFFIN, THOMAS  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  Delete  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  CHange  ANAME  STREET ADDRESS  CITY-ST-ZIP  CHange  ANAME  STREET ADDRESS  CITY-ST-ZIP  CHange  ANAME  STREET ADDRESS  CITY-ST-ZIP  CHANGE  STREET ADDRESS  STREET ADDR	8. The above	named entity submits this statement for	r the purpose of changing it	s registered office or reg	sistered agent, or both, in the State of	f Florida.		
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13. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(ii). Florida Statutes. I further certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(ii). Florida Statutes. I further certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(ii). Florida Statutes. I further certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(ii). Florida Statutes. I further certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(ii). Florida Statutes. I further certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(ii). Florida Statutes. I further certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(ii). Florida Statutes. I further certify that the information supplied with the second level of the second state of the second stat		certify that the information supplied with	this filing does not qualify for	or the exemption stated	in Section 119.07(3)(i). Florida Statu	tes. I further certify	that the in	nformation

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 attact ment with an address; with all other like grang wered.

SIGNATURE:

THOMAS GRIFFIN