

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000041860

1. Entity Name

ERIC J INC.

Principal Place of Business

Mailing Address

409 WILLIAM STREET
KEY WEST FL 33040

409 WILLIAM STREET
KEY WEST FL 33040

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0924654

Applied For

Not Applicable

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

GOLDIN, ARNOLD S
100 E. LINTON BLVD., #402B
DELRAY BEACH FL 33482

Name

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, 2001 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 PD
NAME MARBURL, JOHN
STREET ADDRESS 409 WILLIAM
CITY-ST-ZIP KEY WEST FL 33040 ☐ Delete

TITLE SCD
NAME MARBUILL, BONITA
STREET ADDRESS 409 WILLIAM ST
CITY-ST-ZIP KEY WEST FL 33040 ☐ Delete

TITLE VCD
NAME GOLDIN, ARNOLD
STREET ADDRESS 100 E LINTON BLVD #402B
CITY-ST-ZIP DELRAY BRACH FL 33482 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME MARBURG JOHN ☒ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME MARBURG, BONITA ☒ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

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

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

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

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

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

JOHN MARBURG

Date

1/2/01

Daytime Phone #

294-5969

FILED
Jan 19, 2001 8:00 am
Secretary of State

01-19-2001 90088 008 ***150.00



DO NOT WRITE IN THIS SPACE

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CR2E034 (10/00)