

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # S56184

1. Entity Name
ERDMAN PROPERTY MANAGEMENT, INC.

FILED
Mar 27, 2001 8:00 am
Secretary of State

03-27-2001 90060 035 ***150.00

Principal Place of Business

~~410 CENTRAL AVE.~~
~~ST. PETERSBURG FL 33701~~

Mailing Address

P.O. BOX 729
ST. PETERSBURG FL 33731-0729

00029216



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

33 4TH ST NORTH

3. Mailing Address

Suite, Apt. #, etc.
SUITE 207D

City & State

ST. PETERSBURG, FL

4. FEI Number 59-3066065

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

Zip

33701

Country

US

Zip

Country

6. Name and Address of Current Registered Agent

JJ CORNETT ERDMAN

~~410 CENTRAL AVE.~~

~~ST. PETERSBURG FL 33701~~

7. Name and Address of New Registered Agent

Name
SAME

Street Address (P.O. Box Number is Not Acceptable)

33 4TH ST NORTH SUITE 207D

City
ST. PETERSBURG

FL

Zip Code
33701

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 *JJ Cornett Erdman*

JJ CORNETT ERDMAN

1/9/01

(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
NAME
STREET ADDRESS
CITY-ST-ZIP
SR DPST
ERDMAN, JJ CORNETT
1115 44TH AVE. N.E.
ST. PETERSBURG FL

☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
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CITY-ST-ZIP

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☐ 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: *JJ Erdman* JJ ERDMAN

1/9/01

(272) 821-4891

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)