

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 90125 041 ***150.00

DOCUMENT # S56184

1. Entity Name
ERDMAN PROPERTY MANAGEMENT, INC.



Principal Place of Business
**33 4TH ST N
SUITE 207 D
ST. PETERSBURG FL 33701**

Mailing Address
**P.O. BOX 729
ST. PETERSBURG FL 33731-0729**



2. Principal Place of Business

405 CENTRAL AVE.

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

STE. 111

City & State
ST. PETERSBURG, FL.

City & State

4. FEI Number **59-3066065**

Applied For

Not Applicable

Zip
33701

Country
FLORIDA USA

Zip

Country

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

6. Name and Address of Current Registered Agent

**JJ CORNETT ERDMAN
33 4TH ST NORTH SUITE 207D
ST. PETERSBURG FL 33701**

7. Name and Address of New Registered Agent

Name

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

405 CENTRAL AVE. STE. 111

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. 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
After May 1, 2003 Fee will be \$550.00
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 **DP** ☐ Delete
NAME **ERDMAN, JJ CORNETT**
STREET ADDRESS **1115 44TH AVE. N.E.**
CITY-ST-ZIP **ST. PETERSBURG FL**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **7 SPD** ☒ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/5/03 727-821-4891

Date Daytime Phone #

CR2E034 (10/02)