

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 30, 2002 8:00 am
Secretary of State

04-30-2002 90127 004 ***150.00

DOCUMENT # S71109
1. Entity Name
ERICSON SAFETY PUMP CORPORATION

Principal Place of Business
435 ROOSEVELT BLVD.
TARPON SPRINGS FL 34689

Mailing Address
435 ROOSEVELT BLVD.
TARPON SPRINGS FL 34689



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3126537**

Applied For
Not Applicable

Zip

Country

Zip

Country

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

ERICSON, STEVEN
435 ROOSEVELT BLVD.
TARPON SPRINGS FL 34689

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, 2002 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
	C			
	ERICSON, WALLACE W.	435 ROOSEVELT BLVD.	TARPON SPRINGS FL	
	P			
	SODERLUND, KARL	219 E. 61 ST.	NEW YORK NY	
	VP			
	ERICSON, STEVE	235 ALSTON DRIVE	ORLANDO FL	
	S			
	ERICSON, NANCY S.	435 ROOSEVELT BLVD.	TARPON SPRINGS FL	
	VP			
	ERICSON, WALLACE W.	435 ROOSEVELT BLVD.	TARPON SPRINGS FL	
	VP			
	ERICSON, STEVE	235 ALSTON DRIVE	ORLANDO FL	

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> 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: WALLACE W. ERICSON
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/16/02 727-934-6390
Date Daytime Phone #

CR2E034 (9/01)