

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 14, 2000 8:00 am**  
**Secretary of State**

02-14-2000 90167 023 \*\*\*150.00

A0021378



DO NOT WRITE IN THIS SPACE

DOCUMENT # S71458

1. Entity Name

ERICKSON - APPRAISERS, INC.

Principal Place of Business

Mailing Address

BOCA CIELA DR  
SUITE 100  
ST PETERSBURG FL 33708

253 BOCA CIELA DR  
SUITE 100  
ST PETERSBURG FL 33708  
US

2. Principal Place of Business

108 Los Capros

3. Mailing Address

108 Los Capros

Suite, Apt. #, etc.

Suite, Apt. #, etc.

PO Box 756

PO Box 756

City & State

City & State

Anna Maria Island FL

Anna Maria Island FL

Zip

Country

Zip

Country

34216

US

34216

US

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

Robert Erickson

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

108 Los Capros (Box 756)

City

Anna Maria Island

FL

Zip Code

34216

ERICKSON, ROBERT G.

253 BOCA CIELA DR

SUITE 100

ST PETERSBURG FL 33708

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, 2000 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	P	<input type="checkbox"/> Delete
NAME	ERICKSON, ROBERT G.	
STREET ADDRESS	253 BOCA CIELA DR.	
CITY-ST-ZIP	ST. PETERSBURG FL 33708	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 another like empowered.

SIGNATURE:

**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/1/2000 941-779-0088

Date

Daytime Phone #

CR2E034 (9/99)