

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 26, 2001 8:00 am**  
**Secretary of State**

04-26-2001 90087 029 \*\*\*150.00

**DOCUMENT # S37044**

1. Entity Name  
**EREM, INC.**

Principal Place of Business

**2772-S NW 43 ST  
 GAINESVILLE FL 32606**

Mailing Address

**2772-S NW 43 ST  
 GAINESVILLE FL 32606**

**80037622**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

*2564 NW 13<sup>th</sup> ST*

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

*Gainesville FL*

4. FEI Number

**59-3054399**

Applied For

Not Applicable

Zip

Country

*32609*

Country

*USA*

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**HOLDEN, CHARLES I., JR.  
 2772-S NW 43 ST  
 GAINESVILLE FL 32606**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Numbers Not Acceptable)

City

State

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 their respective

(NOTE: Registered Agent signature required when re-issuing)

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE: **S**  Delete  
 NAME: **HOLDEN, CHARLES I., JR.**  
 STREET ADDRESS: **2772-S NW 43 ST**  
 CITY-STATE-ZIP: **GAINESVILLE FL**

TITLE:  Change  Addition  
 NAME: \_\_\_\_\_  
 STREET ADDRESS: \_\_\_\_\_  
 CITY-STATE-ZIP: \_\_\_\_\_

TITLE: **DPT**  Delete  
 NAME: **SPEKTOR, MIRA**  
 STREET ADDRESS: **2772- S NW 43RD STREET**  
 CITY-STATE-ZIP: **GAINESVILLE FL 32606**

TITLE:  Change  Addition  
 NAME: \_\_\_\_\_  
 STREET ADDRESS: \_\_\_\_\_  
 CITY-STATE-ZIP: \_\_\_\_\_

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 CITY-STATE-ZIP: \_\_\_\_\_

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(c), 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 employees.

SIGNATURE: \_\_\_\_\_

*Charles I. Holden, Jr.*  
 \_\_\_\_\_  
 SECRETARY  
 Charles I. Holden, Jr.

*4-16-01*  
 \_\_\_\_\_  
 Date

*(352)377-5900*  
 \_\_\_\_\_  
 Telephone Number

CR2E034 (10/00)