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2002 UNIFORM BUSINESS REPORT (UBR)

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SIGNATURE:

Feb 27, 2002 8:00 am S37044 DOCUMENT # **Secretary of State** 1. Entity Name 02-27-2002 90034 016 ***150 00 EREM, INC. Principal Place of Business Mailing Address 2772-S NW 43 ST 2564 NW 13TH ST GAINESVILLE FL 32609 GAINESVILLE FL 32606 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 59-3054399 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name HOLDEN, CHARLES I., JR. Street Address (P.O. Box Number is Not Acceptable) 2772-S NW 43 ST **GAINESVILLE FL 32606** Zip Code City 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 FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE Change ☐ Addition CR2E034 (9/01 ŇAME HOLDEN, CHARLES I., JR. NAME STREET ADDRESS 2772-S NW 43 ST STREET ADDRESS CITY-ST-ZIP GAINESVILLE FL CITY-ST-ZiP [] Change ☐ Addition DPT ☐ Delete TITLE TITLE SPEKTOR, MIRA NAME NAME STREET ADDRESS 2772- S NW 43RD STREET STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP GAINESVILLE FL 32606 TITI F Change ☐ Addition BILLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE Change ☐ Addition ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Delete TITLE Change ☐ Addition TITLE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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