FILED

(9/01)

2002 Uniform Business Report (UBR)

Mar 20, 2002 8:00 am Secretary of State DOCUMENT # L44031 1. Entity Name 03-20-2002 90048 035 ***150 00 ERIMTAN ENTERPRISES, INC. Principal Place of Business Mailing Address 32100 DEWBERRY LN 32100 DEWBERRY LN SORRENTO FL 32776 SORRENTO FL 32776 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-2987987 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name CHUBBOY, ROBERT A. Street Address (P.O. Box Number is Not Acceptable) 32100 DEWBERRY LANE SORRENTO FL 32736 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 FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 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 OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. Change Addition TITLE PD ☐ Delete TITLE NAME ERIMTAN, YUKSEL NAME STREET ADDRESS STREET ADDRESS 32100 DEWBERRY LN CITY-ST-7IP CITY-ST-7IP SORRENTO FL ☐ Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME CHUBBOY, ROBERT A. STREET ADDRESS STREET ADDRESS 32100 DEWBERRY LN CITY-ST-ZIP CITY-ST-ZIP SORRENTO FL TITLE Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7/P CITY-ST-ZIP ☐ Delete Change Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 13. Thereby 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.