FOR PROFIT CORPORATION Uniform Business Report (UBR)

FILED Mar 26, 2002 8:00 am Secretary of State

Daytime Phone #

1. Entity Name	MENT# 7010000 ERLING MANAGEM.		eres	I Tuc.		03-26-200	2 90065 0	104 ***150.00	
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2. Principal Place of Business 15310 Rmb o-1 DRISE 15310 RMOE			FRI.	V DRIVE	-	B0051398			
Suite, Apt. #, etc. SujfE 150 Suite, Apt. #, etc. SUJFE 150					DO NOT WRITE IN THIS SPACE				
City & State	MPA, FL	City & State TAMPA FL			4. FEI Number Applied For Not Applicab			Applied For Not Applicable	1
33 (4	Country USA	Zip 33647	Count	ry		ertificate of Status Desired	, \$	8.75 Additional se Required	l
			}	Name		ne and Address of Current		gent	ļ
DO-NOT-WRITE- IN THIS SPACE				STEPHEN TUTWICER Street Address (P.Q. Box Number is Not Acceptable)					
					<u>53)</u>	5312 WITHAM CT			
ق			}	City	TA	m PA	FL	Zip Code 33477	l
	named entity submits this statement for	the purpose of changing its	s registere	d office or regist			orida.		İ
্য SIGNATURE .								ĺ	
	Signature, typed or printed name of registered agent ar			Agent signature requir	od when rein	nstating)	PATE		[
Tax filing r	vation is eligible to satisfy its Intangible equirement and elects to do so. (2) (2) (2) (3) (4) (4) (4) (5) (6) (6) (7) (7) (7) (7) (7) (7) (7) (7) (7) (7	January 1 - N After May Amende Make Check Paya	1, Fee is	\$550.00 \$61.25	ate	10. Election Campaign Fir Trust Fund Contribution		\$5.00 May Be Added to Fees	
11.	OFFICERS AND D		TITLE						=
TITLE NAME	STEPHEN S. TUTWILER			1				İ	CR2E034B (12/01)
STREET ADDRESS CITY-ST-ZIP	ESS 5312 WITHAM CT.			T ADDRESS ST-ZIP				į	8
TITLE	TAMPA FL 33	497	Inte						250
NAME	RICHARD TURGEN	SMEY ER	NAME	1					5
STREET ADDRESS CITY-ST-ZIP	TAMPA FL	33647	ш	ST-ZIP					
TITLE	2		MILE			····			ļ
NAME STREET ADDRESS	1			ET ADDRESS			8 A #655 055)
CITY+ST-ZIP	PALM HARBOR, FL 34683			ST-ZIP		DO NOT WRITE			
TITLE	The same of DOICE			!		in this	SPAC	E	l
STREET ADDRESS	1978 BRAG MOOR	PRIVE	NAME STREE	ET ADDRESS				1	į
CITY-SI-ZIP	PINELLAS COUNTY	FL 34698	C114-	-ST-ZIP					
TRILE NAME			NAME	í					
STREET ADDRESS CITY-ST-ZIP)	ET ADDRESS ST-ZIP					
TITLE			TITLE						
NAME	}		NAME	:				1	
STREET ADDRESS CITY-ST-ZIP			11	et address ST-ZIP				}	
13. I hereby	certify that the information supplied with on this report or supplemental report is	this filing does not qualify for	or the exer	mption stated in ture shall have th	Section 1 e same le	19.07(3)(i), Florida Statutes.	I further certificath; that I am	y that the information an officer or director	
I of the cou	rporation or the receiver or trustee emp- int with an address, with all other like em	owered to execute this tend	วกลราคดเ	ured by Chabler	607, Flor	ida Statutes; and that my na	ime appears i	in Block 11 or on an	
CICNIAT		TOKEKNOME	YZ A	5			812.9	79-1559	