

**FILED**  
**May 05, 2003 8:00 am**  
**Secretary of State**

05-05-2003 91844 047 \*\*\*150.00

**2003 FOR PROFIT CORPORATION  
 UNIFORM BUSINESS REPORT (UBR)**

**DOCUMENT # P01000102364**

1. Entity Name  
**IKO FINANCE, INC.**



Principal Place of Business  
 9954 BURGUNDY BAY  
 ORLANDO, FL 32817

Mailing Address  
 9954 BURGUNDY BAY  
 ORLANDO, FL 32817

**90129728**



2. Principal Place of Business  
 Suite, Apt. #, etc.

3. Mailing Address  
 Suite, Apt. #, etc.

CHECK HERE IF MAKING CHANGES

City & State

4. FEI Number **59-3750693** Applied For  
 Not Applicable

Zip Country Zip Country

5. Certificate of Status Desired  \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
 TUYSUZ, OMER  
 9954 BURGUNDY BAY  
 ORLANDO, FL 32817

7. Name and Address of New Registered Agent  
 Name **ISMAIL TUYSUZ**  
 Street Address (P.O. Box Number is Not Acceptable)  
**9954 BURGUNDY BAY**  
 City **ORLANDO** FL Zip Code **32817**

B. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **ISMAIL TUYSUZ, PRESIDENT** **4/29/03**  
 Signature, typed or printed name of registered agent, and title if applicable. (NOTE: Registered Agent signature required when resigning) DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
 Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution.  \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	TUYSUZ, ISMAIL	
STREET ADDRESS	9954 BURGUNDY BAY	
CITY-ST-ZIP	ORLANDO, FL 32817	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	TWYSWZ, OMER	
STREET ADDRESS	9954 BURGUNDY BAY	
CITY-ST-ZIP	ORLANDO, FL 32817	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	BEYAZ, KAGAN	
STREET ADDRESS	9954 BURGUNDY BAY	
CITY-ST-ZIP	ORLANDO, FL 32817	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	EMINE TUYSUZ	
STREET ADDRESS	9954 BURGUNDY BAY	
CITY-ST-ZIP	ORLANDO, FL 32817	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **ISMAIL TUYSUZ, PRESIDENT** **4/29/03** **407-381-7020**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)