

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

**FILED**  
**Feb 24, 2003 8:00 am**  
**Secretary of State**

02-24-2003 90170 049 \*\*\*150.00

DOCUMENT # *P02000106901*

1. Entity Name

*Anatolia Property management, Inc.*



**DO NOT WRITE IN THIS SPACE**

**90033852**

2. Principal Place of Business

*8420 Anglers Pt. Dr.*

3. Mailing Address

*8420 Anglers Pt. Dr.*

Suite, Apt. #, etc.

*Temple Terrace FL*

Suite, Apt. #, etc.

*Temple Terrace FL*

City & State

*33637*

*U.S.A.*

City & State

*33637*

*U.S.A.*

Zip

Country

Zip

Country

4. FEI Number

*43-1978559*

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

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**DO NOT WRITE  
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name *Duygu Karakilic*

Street Address (P.O. Box Number is Not Acceptable)

*8420 Anglers Pt. Dr.*

City *Temple Terrace*

**FL**

Zip Code *33637*

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

SIGNATURE *Duygu Karakilic*

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

*02/03/03*

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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 *President*  
NAME *Duygu Karakilic*  
STREET ADDRESS *8420 Anglers Pt. Dr.*  
CITY-ST-ZIP *Temple Terrace FL 33637*

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**DO NOT WRITE  
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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 on an attachment with an address, with all other like empowered.

SIGNATURE: *Duygu Karakilic*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*02/03/03*

Date

Daytime Phone #

CR2E034B (12/02)