

DOCUMENT # **Pal00000916425**

1. Entity Name
ATAGUN INC

Principal Place of Business
**803 LAKE AVE
LAKE WORTH FL 33460**

Mailing Address
**3400 W. 45th STR
WEST PALM BEACH, FL
33407**

2. Principal Place of Business
803 LAKE AVE
Suite, Apt. #, etc.

3. Mailing Address
3400 W. 45th STR
Suite, Apt. #, etc.

City & State
LAKE WORTH, FL 33460

City & State
WEST PALM BEACH, FL

Zip
33407

Country

DO NOT WRITE IN THIS SPACE
10/19/00 90000021 \$1000

4. FE Number
65-0710666

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent
**ATAGUN SERIFSOY
3400 W. 45th STR.
WEST PALM BEACH, FL 33407**

7. Name and Address of New Registered Agent

Name

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

City **FL** 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 **ATAGUN SERIFSOY** **6/11/00**
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 Tax filing requirement and elects to do so. ☐
(See criteria on back)

**FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PRESIDENT	☐ Delete	TITLE	☐ Change	☐ Addition
NAME	ATAGUN SERIFSOY		NAME		
STREET ADDRESS	530 S. LAKESIDE		STREET ADDRESS		
CITY-ST-ZIP	LAKE WORTH FL 33460		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE	☐ Change	☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE	☐ Change	☒ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE	☐ Change	☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE	☐ 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **ATAGUN SERIFSOY** **6/11/00** **561-329-4707**
Signature AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Telephone

PALM BEACH ANTIQUES

Antiques • Art • Oriental Rugs • Collectibles

2052

6/11/00

Department of State
Division of Corporation
P.O. Box 1500
Tallahassee, FL 32302-1500..

Gentlemen,

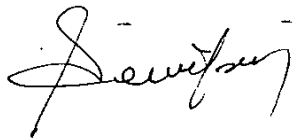
I never received this form until last week
when I requested a new one.

Therefor I couldn't send it before May, 1ST, 2000.

I am enclosing a check for \$150⁰⁰.

Please waive any late fee.

Sincerely.



ATAGUN SERIFSOY