

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 20, 2001 8:00 am
Secretary of State
 02-20-2001 90088 048 ***150.00

0091852

DOCUMENT # V27118

1. Entity Name
ERIN SYSTEMS, INC.

Principal Place of Business

**4611 SE 5TH PLACE
 SUITE 10
 CAPE CORAL FL 33904
 US**

Mailing Address

**4611 SE 5TH PLACE
 SUITE 10
 CAPE CORAL FL 33904
 US**

119553



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

**1200 N MAIN
 Suite, Apt. #, etc.
 D-28**

3. Mailing Address

**1200 N MAIN
 Suite, Apt. #, etc.
 D-28**

City & State

BOAZ, AL

City & State

BOAZ, AL

4. FEI Number

65-0347240

Applied For

Not Applicable

Zip

35957

Country

MARSHALL

Zip

35957

Country

MARSHALL

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**HAWKINS, WILLIAM H.
 4611 SE 5TH PL 10
 CORAL SPRINGS FL 33904**

7. Name and Address of New Registered Agent

Name **Paul C Cleveland**
 Street Address (P.O. Box Number is Not Acceptable)
2100 Reels Hill Rd
 City **FT Myers, FL** **FL** Zip Code **33916**

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

William H Hawkins
 Signature, typed or printed name of registered agent and title if applicable.

[Signature]
 (NOTE: Registered Agent signature required when reinstating)

2/6/2001
 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, 2001 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

TITLE ☐ Delete
 NAME **PTS**
 STREET ADDRESS **HAWKINS, WILLIAM H.**
 CITY-ST-ZIP **4611 SE 5TH PLACE, SUITE 10
 CAPE CORAL FL**

TITLE ☐ Delete
 NAME **D**
 STREET ADDRESS **HAWKINS, WILLIAM H.**
 CITY-ST-ZIP **4611 SE 5TH PLACE, #10
 CAPE CORAL FL**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
 NAME **William H Hawkins**
 STREET ADDRESS **1200 N MAIN, D-28**
 CITY-ST-ZIP **BOAZ, AL 35957** **PTS**

TITLE ☒ Change ☐ Addition
 NAME **William H Hawkins**
 STREET ADDRESS **1200 N MAIN, D-28**
 CITY-ST-ZIP **BOAZ, AL 35957**

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TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *William H Hawkins* **William H Hawkins, President** **2/6/2001 (256)593-5177**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)