

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 20, 2001 8:00 am
Secretary of State

02-20-2001 90088 048 ***150.00

0691852

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**

119333



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

7. Name and Address of New Registered Agent

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

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] **2/6/2001**
 (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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

TITLE Delete
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 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
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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 W Hawkins** **William W Hawkins, President**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/6/2001 (256)593-5177
 Date Daytime Phone #

CR2E034 (10/00)