

DOCUMENT # J60747

1. Entity Name
SENTURK MARKETING, INC.

Principal Place of Business Mailing Address
 11322 6TH ST SW 11322 DEAD RIVER ROAD
 WINTER HAVEN FL 33880 TAVARES FL 32778

2. Principal Place of Business Suite, Apt. #, etc.
1123 6TH ST. NW

3. Mailing Address Suite, Apt. #, etc.
11322 DEAD RIVER RD

City & State City & State
WINTER HAVEN, FL TAVARES, FL

Zip Country Zip Country
33880 U.S.A. 32778 U.S.A.

6. Name and Address of Current Registered Agent
SENTURK, VEDAT
11322 DEAD RIVER ROAD
TAVARES FL 32778

4. FEI Number **59-2784560** Applied For
 Not Applicable

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

7. Name and Address of New Registered Agent
 Name **VEDAT SENTURK**
 Street Address (P.O. Box Number is Not Acceptable)
11322 DEAD RIVER RD.
 City **TAVARES** FL Zip Code **32778**

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 *Vedat Senturk* DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so.

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 NAME STREET ADDRESS CITY-ST-ZIP | DPS SENTURK VEDAT 11322 DEAD RIVER RD TAVARES FL | <input type="checkbox"/> Delete |
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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | |
|------------------------------------------------|--|-------------------------------------------------------------------|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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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: *Vedat Senturk* Date 1-4-01 Daytime Phone # 352-267-6868
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED
Jan 09, 2001 8:00 am
Secretary of State

01-09-2001 90034 039 ***150.00



DO NOT WRITE IN THIS SPACE

