

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 30, 2002 8:00 am
Secretary of State

01-30-2002 90039 032 ***150.00

DOCUMENT # J60747

1. Entity Name

SENTURK MARKETING, INC.

Principal Place of Business

**1123 6TH STREET NW
 WINTER HAVEN FL 33880**

Mailing Address

**11322 DEAD RIVER ROAD
 TAVARES FL 32778**

2. Principal Place of Business

1123 6 TH ST NW

3. Mailing Address

11322 DEAD RIVER RD.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

WINTER HAVEN, FLA

City & State

TAVARES, FLA

4. FEI Number

59-2784560

Applied For

Not Applicable

Zip

33880

Country

POLK

Zip

32778

Country

LAKE

5. Certificate of Status Desired

\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

**SENTURK, VEDAT
 11322 DEAD RIVER ROAD
 TAVARES FL 32778**

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

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, 2002 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 **DPS**
 STREET ADDRESS **SENTURK VEDAT**
 CITY-ST-ZIP **11322 DEAD RIVER RD TAVARES FL**

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
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 STREET ADDRESS
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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
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 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:

VEDAT SENTURK
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-13-02 352-267-6868

Date

Daytime Phone #

CR2E034 (9/01)