

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 12, 2000 8:00 am
Secretary of State

04-12-2000 90193 019 ***150.00

DOCUMENT # F64012

1. Entity Name

RUSLYN, INC.

Principal Place of Business

Mailing Address

1024 E. SILVER SPRINGS BLVD.
 Ocala FL 34470

P.O. BOX 5905
 Ocala FL 34478-5905

US

US

2. Principal Place of Business

3. Mailing Address

1701 E SILVER SPRINGS BLVD. 1701 E. SILVER SPRINGS BLVD.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Ocala FL

Ocala FL

Zip

Country

Zip

Country

34470

34470

4. FEI Number **59-2158963**

Applied For

Not Applicable

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

GRUBBS, RUSSELL E
1024 E. SILVER SPRINGS BLVD.
OCALA FL 34470

Name **RUSSELL E. GRUBBS**

Street Address (P.O. Box Number is Not Acceptable)
1701 E. SILVER SPRINGS BLVD.

City **Ocala**

FL Zip Code **34470**

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] **RUSSELL GRUBBS, Pres.**

03/31/00

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 **P** Delete
 NAME **GRUBBS, RUSSELL**
 STREET ADDRESS **1024 E. SILVER SPRINGS BLVD.**
 CITY-ST-ZIP **OCALA FL 34470**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 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:

[Signature] **RUSSELL GRUBBS Pres.**

03/31/00

352-732-9853

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR29034 (9/99)