2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # G79654

FILED
May 04, 2000 8:00 am
Secretary of State
05-04-2000 90130 021 ***150.00

B0083059

DO NOT WRITE IN THIS SPACE

1. Entity Name
OUY LIN, INC.

Principal Place of Business — Mailing Address
220 W. TENNESSEE ST.

2. Principal Place of Business	3. Mailing Address
220 W. TENNESSEE	SAME
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: TALLAHASSEE FLA	City & State:
Zip: 32301 / Country: LEON	Zip: / Country:

4. FEI Number 59-1434612 ☐ 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
CHOW, CHAK YAN	Name
220 WEST TENNESSEE ST.	Street Address (P.O. Box Number is Not Acceptable)
TALLAHASSEE FLA. 32301	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 Chak Yan Chow
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 / NAME / STREET ADDRESS / CITY-ST-ZIP	PRESIDENT CHOW, CHAK YAN 220. W. TENNESSEE ST., TALLAHASSEE FLA 32301 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	STD. CHOW, LYNNE Wu 220 WEST TENNESSEE ST, TALLAHASSEE, FLA. 32301 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

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: Chak Yan Chow 4/21/00
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #