

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 24, 2003 8:00 am
Secretary of State

04-24-2003 90132 006 ***155.00

DOCUMENT # P01000010516

1. Entity Name
RELIN, INC.



Principal Place of Business
**1089 RED MARBLE WAY
NEW SMYRNA BEACH FL 32168**

Mailing Address
**1089 RED MARBLE WAY
NEW SMYRNA BEACH FL 32168**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-3732845**

Applied For

Not Applicable

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

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**GANBERT, WILLIAM N
629 N PENINSULA AVE
DAYTONA BEACH FL 32168**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution. ☒ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PD** ☐ Delete
NAME **JONASSON, REYNIR**
STREET ADDRESS **1089 RED MAPLE WAY**
CITY-ST-ZIP **NEW SMYRNA BEACH FL 32168**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **VD** ☐ Delete
NAME **REYNISSON, THORHALLUR H**
STREET ADDRESS **VIDIGRUND 53**
CITY-ST-ZIP **200 KIPAVOGUR, ICELAND**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☐ Delete
NAME **BJARNASON, GUNNAR O**
STREET ADDRESS **AFTANHAED 3**
CITY-ST-ZIP **210 GARDABAER, ICELAND**

TITLE **D** ☒ Change ☐ Addition
NAME **BJARNASON GUNNAR O**
STREET ADDRESS **EIKARASI 4**
CITY-ST-ZIP **210 GARDABAER ICELAND**

TITLE **D** ☐ Delete
NAME **REYNISSON, JONAS**
STREET ADDRESS **GLITVANGI 31**
CITY-ST-ZIP **220 HAFNAFJORDUR ICELAND**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☐ Delete
NAME **JONASSON, ELIN**
STREET ADDRESS **1089 RED MAPLE WAY**
CITY-ST-ZIP **NEW SMYRNA BEACH FL 32168**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **RELIN, INC. REYNIR JONASSON PD**
SIGNATURE REQUIRED **02.28.2003**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)