

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000097480

1. Entity Name
KYLIN ELECTRIC, INC.

FILED
Apr 17, 2000 8:00 am
Secretary of State

04-17-2000 90078 015 ***158.75

Principal Place of Business: **934 SANDCREST DR
PORT ORANGE FL 32127
US**

Mailing Address: **P O BOX 290792
PORT ORANGE FL 32129-0792
US**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business: Suite, Apt. #, etc.

3. Mailing Address: Suite, Apt. #, etc.

City & State: City & State

Zip: Country

4. FEI Number: **59-3416178**

Applied For: Not Applicable

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

6. Name and Address of Current Registered Agent
**LEUZINGER, SHARON
934 SANDCREST DR
PORT ORANGE FL 32127**

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: _____ 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.
(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	DVP <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEUZINGER, KERRY A	NAME	
STREET ADDRESS	934 SANDCREST DR	STREET ADDRESS	
CITY-ST-ZIP	PORT ORANGE FL 32127	CITY-ST-ZIP	
TITLE	DP <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEUZINGER, SHARON M	NAME	
STREET ADDRESS	934 SANDCREST DR	STREET ADDRESS	
CITY-ST-ZIP	PORT ORANGE FL 32127	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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: *Sharon M Leuzinger*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/9/00
Date

904-788-8778
Daytime Phone #

CR2E034 (9/99)