

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 01, 2002 8:00 am**  
**Secretary of State**

03-22-2002 90029 019 \*\*\*150.00

**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: Suite, Apt. #, etc.

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

City & State: Zip Country

4. FEI Number: **59-3732845**

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



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent: **GANBERT, WILLIAM N 629 N PENINSULA AVE DAYTONA BEACH FL 32168**

7. Name and Address of New Registered Agent: Name, Street Address, City, State (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: \_\_\_\_\_ (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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE: PD NAME: JONASSON, REYNIR STREET ADDRESS: 814 ST ANDREWS CIR CITY-ST-ZIP: NEW SMYRNA BEACH FL 32168	<input checked="" type="checkbox"/> Delete	TITLE: JONASSON REYNIR NAME: JONASSON REYNIR STREET ADDRESS: 1089 RED MAPLE WAY CITY-ST-ZIP: NEW SMYRNA BEACH FL 32168	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: VD NAME: REYNISSON, THORHALLUR H STREET ADDRESS: VIDIGRUND 53 CITY-ST-ZIP: 200 KIPAVOGUR, ICELAND	<input type="checkbox"/> Delete	TITLE: REYNISSON JONAS NAME: REYNISSON JONAS STREET ADDRESS: GLITVANGI 31 CITY-ST-ZIP: 220 HAFNAPJÖRDUR ICELAND	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: D NAME: BJARNASON, GUNNAR O STREET ADDRESS: AFTANHAED 3 CITY-ST-ZIP: 210 GARDABAER, ICELAND	<input type="checkbox"/> Delete	TITLE: REYNISSON THORHALLUR H NAME: REYNISSON THORHALLUR H STREET ADDRESS: VIDIGRUND 53 CITY-ST-ZIP: NEW SMYRNA BEACH FL 32168	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: D NAME: REYNISSON, JONAS STREET ADDRESS: 1089 RED MARBLE WAY CITY-ST-ZIP: NEW SMYRNA BEACH FL 32168	<input type="checkbox"/> Delete	TITLE: JONASSON ELIN NAME: JONASSON ELIN STREET ADDRESS: 1089 RED MAPLE WAY CITY-ST-ZIP: NEW SMYRNA BEACH FLORIDA 32168	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: VD NAME: REYNISSON, THORHALLUR H STREET ADDRESS: 1089 RED MARBLE WAY CITY-ST-ZIP: NEW SMYRNA BEACH FL 32168	<input checked="" type="checkbox"/> Delete		
TITLE: D NAME: GILTVANGI, ELIN STREET ADDRESS: 814 ST ANDREWS CIRCLE CITY-ST-ZIP: NEW SMYRNA BEACH FL 32168	<input checked="" type="checkbox"/> Delete <b>DELETE</b>		

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: **RELIN INC Kimmin Jimoff** Date: **03.08.2002** Daytime Phone #: **386 423 0348**

CR2E034 (9/01)