

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 03, 2000 8:00 am**  
**Secretary of State**

05-03-2000 90045 006 \*\*\*150.00

**DOCUMENT # J05915**

1. Entity Name  
**ALBIN CORP.**

Principal Place of Business 1044 CASTELLO DR STE 106 NAPLES FL 34103 US	Mailing Address 1044 CASTELLO DR STE 106 NAPLES FL 34103-8981 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business Suite, Apt. #, etc. City & State Zip	3. Mailing Address Suite, Apt. #, etc. City & State Zip	Country	Country
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4. FEI Number <b>59-2682649</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>

6. Name and Address of Current Registered Agent

**ASHLEY, RE X**  
**1044 CASTELLO DR**  
**STE 106**  
**NAPLES FL 34103**

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 \_\_\_\_\_ (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

TITLE NAME DP MULLING, DONNA	<input type="checkbox"/> Delete
STREET ADDRESS 6025 22ND AVE SW CITY-ST-ZIP NAPLES FL	
TITLE NAME DVP MULLING, KENNETH C.	<input type="checkbox"/> Delete
STREET ADDRESS 6025 22ND AVE SW CITY-ST-ZIP NAPLES FL	
TITLE NAME DT MOLDEN, ED L.	<input type="checkbox"/> Delete
STREET ADDRESS 609 CEDAR CREEK GRADE #A CITY-ST-ZIP WINCHESTER VA	
TITLE NAME DVP MOLDEN, CHRISTOPHER A.	<input type="checkbox"/> Delete
STREET ADDRESS 609 CEDAR CREEK GRADE #A CITY-ST-ZIP WINCHESTER VA	
TITLE NAME DV CESNIK, MELISSA M	<input type="checkbox"/> Delete
STREET ADDRESS 609 CEDAR CREEK GRADE #A CITY-ST-ZIP WINCHESTER VA	
TITLE NAME	<input type="checkbox"/> Delete
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME DPS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS P O BOX 67 CITY-ST-ZIP TURTLE TOWN TN 37391	
TITLE NAME	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS P O BOX 67 CITY-ST-ZIP TURTLE TOWN TN 37391	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME Mimi MOLDEN, MELISSA M	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 609 Cedar Creek Grade A CITY-ST-ZIP Winchester, Va 22601	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 I am empowered.

SIGNATURE: \_\_\_\_\_ **3-28-2000** **423 496-9690**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)