

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 29, 2002 8:00 am
Secretary of State

05-29-2002 90727 014 ****70.00

DOCUMENT # N01000001579

1. Entity Name

DARLYNN'S DARLINS, INC.

Principal Place of Business

Mailing Address

P. O. BOX 700037
 ST. CLOUD FL 34770-0037

P. O. BOX 700037
 ST. CLOUD FL 34770-0037

2. Principal Place of Business

3. Mailing Address

2842 ROSALIE LAKE ROAD

2842 ROSALIE LAKE ROAD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

LAKE WALES, FLORIDA

City & State

LAKE WALES, FLORIDA

Zip

Country

33898-9309 USA

Zip

Country

33898-9309 USA

4. FEI Number

59-3702104

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CZERNER, DARLYNN S
522 JERSEY AVE.
ST. CLOUD FL 34769

7. Name and Address of New Registered Agent

Name **DARLYNN S. CZERNER**
 Street Address (P.O. Box Number is Not Acceptable) **2842 ROSALIE LAKE ROAD**
 City **LAKE WALES** FL **33898-9309**

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 *Darlynn S. Czerner*
 Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

05/01/2002
 DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be
 Added to Fees

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D** ☐ Delete
 NAME **CZERNER, DARLYNN**
 STREET ADDRESS **522 JERSEY AVE.**
 CITY-ST-ZIP **ST. CLOUD FL 34769**

TITLE **D** ☒ Change ☐ Addition
 NAME **DARLYNN S. CZERNER**
 STREET ADDRESS **2842 ROSALIE LAKE ROAD**
 CITY-ST-ZIP **LAKE WALES, FL 33898-9309**

TITLE **D** ☐ Delete
 NAME **MARTIN, CLINTON D**
 STREET ADDRESS **1611 MINNESOTA AVE.**
 CITY-ST-ZIP **ST. CLOUD FL 34769**

TITLE **D** ☒ Change ☐ Addition
 NAME **CLINTON MARTIN**
 STREET ADDRESS **2842 ROSALIE LAKE ROAD**
 CITY-ST-ZIP **LAKE WALES, FL 33898**

TITLE **D** ☐ Delete
 NAME **DEKILDER, STEPHANIE**
 STREET ADDRESS **146 LAKEVIEW DR.**
 CITY-ST-ZIP **HAINES CITY FL 33844**

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

TITLE **D** ☒ Delete
 NAME **MCDOWELL, KATHERINE**
 STREET ADDRESS **1620 MINNESOTA AVE.**
 CITY-ST-ZIP **ST. CLOUD FL 34769**

TITLE **D** ☐ Change ☒ Addition
 NAME **MELISSA BARAGONA**
 STREET ADDRESS **401 WILDMERE AVENUE**
 CITY-ST-ZIP **LONGWOOD, FL 32750**

TITLE **D** ☐ Delete
 NAME **KENNEDY, DEBBIE**
 STREET ADDRESS **5651 SW 5TH ST.**
 CITY-ST-ZIP **PLANTATION FL 33317**

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 617, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

05/01/2002
 Date

(863) 499-2323
 Daytime Phone #

CR2E037 (9/01)