

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

FILED
May 13, 2002 8:00 am
Secretary of State

05-13-2002 90194 019 ***150.00

DOCUMENT # **P01000039584**

1. Entity Name
Xylyk Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
2866 Catherine Dr.
Suite, Apt. #, etc.

3. Mailing Address
2866 Catherine Dr.
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
Clearwater, FL
Zip
33759

Country
USA

City & State
Clearwater, FL
Zip
33759

Country
USA

4. FEI Number
59-3644204

Applied For
Not Applicable

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

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
Ryan R Munson

Street Address (P.O. Box Number is Not Acceptable)
11024 Greenacre Dr

City
Tampa

FL

Zip Code
33624

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

Signature, typed or printed name of registered agent and title if applicable.

(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)

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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	P
NAME	Ryan R Munson
STREET ADDRESS	11024 Greenacre Dr
CITY-ST-ZIP	Tampa, FL 33624
TITLE	P
NAME	James R. Windgassen
STREET ADDRESS	2866 Catherine Dr
CITY-ST-ZIP	Clearwater, FL 33759
TITLE	T/S
NAME	Melinda K. Bell
STREET ADDRESS	2866 Catherine Dr
CITY-ST-ZIP	Clearwater, FL 33759
TITLE	
NAME	
STREET ADDRESS	
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STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 on an attachment with an address with all other like empowered.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

James R. Windgassen 4/17/02 (727) 791-7599