

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 91441 011 ***150.00

OFFICIAL
AV

DOCUMENT # P01000084071

1. Entity Name
NANLIN ENTERPRISES, INC.



Principal Place of Business

**6005 GULF DRIVE
216
HOLMES BEACH FL 34217**

Mailing Address

**6005 GULF DRIVE
216
HOLMES BEACH FL 34217**

2. Principal Place of Business

8065 Stirling Falls Circle

Suite, Apt. #, etc.

3. Mailing Address

8065 Stirling Falls Circle

Suite, Apt. #, etc.

City & State

Sarasota, FL

City & State

Sarasota, FL

4. FEI Number

65-1154545

Applied For

Not Applicable

Zip

34243

Country

USA

Zip

34243

Country

USA

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**RAY, RICHARD B
6108 26TH STREET WEST
SUITE 2
BRADENTON FL 34207**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State**

9. Election Campaign Financing
Trust Fund Contribution.

☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete
NAME **HECKLINSKI, MIKE**
STREET ADDRESS **6005 GULF DRIVE # 216**
CITY-ST-ZIP **HOLMES BEACH FL 34217**

TITLE **D** ☐ Delete
NAME **HECKLINSKI, NANCY**
STREET ADDRESS **6005 GULF DRIVE # 216**
CITY-ST-ZIP **HOLMES BEACH FL 34217**

TITLE **D** ☐ Delete
NAME **RISNER, DAVE**
STREET ADDRESS **6005 GULF DRIVE # 216**
CITY-ST-ZIP **HOLMES BEACH FL 34217**

TITLE **D** ☐ Delete
NAME **RISNER, LINDA**
STREET ADDRESS **6005 GULF DRIVE # 216**
CITY-ST-ZIP **HOLMES BEACH FL 34217**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **8065 Stirling Falls Circle**
CITY-ST-ZIP **Sarasota, FL 34243**

TITLE ☒ Change ☐ Addition
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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 607, 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 REQUIRED

4/24/03

941-360-6868

Date

Daytime Phone #

CR2E034 (10/02)