

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 23, 2003 8:00 am
Secretary of State

04-23-2003 90132 024 ***150.00

DOCUMENT # P01000100797

1. Entity Name
BRILYN, INC.



Principal Place of Business
~~1931 TAMAMI TRAIL SUITE 3~~
PORT CHARLOTTE FL 33948

Mailing Address
~~1931 TAMAMI TRAIL SUITE 3~~
PORT CHARLOTTE FL 33948



2. Principal Place of Business

2040 Tamiami TRAIL
Suite, Apt. #, etc.

3. Mailing Address

2040 Tamiami TRAIL
Suite, Apt. #, etc.

☒ CHECK HERE IF MAKING CHANGES

City & State
PORT CHARLOTTE, FL

City & State
PORT CHARLOTTE, FL

4. FEI Number 65-1149324

Applied For
Not Applicable

Zip 33948 Country USA

Zip 33948 Country USA

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

6. Name and Address of Current Registered Agent

JOYNER, W. LYNN
~~1931 TAMAMI TRAIL SUITE 3~~
~~PORT CHARLOTTE FL 33948~~

7. Name and Address of New Registered Agent

Name JOYNER, W. LYNN
Street Address (P.O. Box Number is Not Acceptable)
2040-B TAMAMI TRAIL
City PT. CHARLOTTE FL Zip Code 33948

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 CHAPMAN, BRIAN G
STREET ADDRESS 6126 DEER RUN
CITY-ST-ZIP FT. MYERS FL 33908

TITLE D ☐ Delete
NAME JOYNER, W. LYNN
STREET ADDRESS 1638 LIS COURT DR.
CITY-ST-ZIP VENICE FL 34292

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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
CITY-ST-ZIP

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

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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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: W. LYNN JOYNER 4/21/03 (941) 624-5455
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)