**FILED** 

## 2002 UNIFORM BUSINESS REPORT (UBR)

TURE AND TYPED OF PRINTED NAME

## May 08, 2002 8:00 am secretary of State DOCUMENT # P01000105022 1. Entity Name 05-08-2002 90118 044 \*\*\*150.00 WAYLIN ENTERPRISES INC. Principal Place of Business Mailing Address 504 SANDPIPER COURT PELICAN COVE W 504 SANDPIPER COURT PELICAN COVE W-**EDGEWATER FL 32141 EDGEWATER FL 32141** 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE City & State City & State Applied For Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent GEIGER, LINDA Street Address (P.O. Box Number is Not Acceptable) 504 SANDPIPER COURT PELICAN COVE W **EDGEWATER FL 32141** Zip Code FL 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing , \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution Added to Fees (See criteria on back) Make Check Payable to Department of State CR2E034 (9/01) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 ..... 11. ☐ Change ☐ Addition TITLE TITLE ☐ Delete NAME NAME GEIGER, WAYNE STREET ADDRESS STREET ADDRESS 504 SANDPIPER COURT PELICAN COVE W CITY-ST-ZIE CITY-ST-ZIP **EDGEWATER FL 32141** Secretary, Treasurer Change ☐ Addition TITLE Delete TITLE Linda Gelger NAME NAME GEIGER, WAYNE 504 Sandpiper Court STREET ADDRESS STREET ADDRESS 504 SANDPIPER COURT PELICAN COVE W Edgewater, Fl. 32141 CITY-ST-ZIP CITY-ST-ZIP EDGEWATER FL 32141 ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP ☐ Delete TITLE - Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 received 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 attachme

Linda Geiger

SIGNING OFFICER OR DIRECTOR