

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 21, 2003 8:00 am**  
**Secretary of State**

**DOCUMENT # P02000053493**

1. Entity Name  
**RYLIN CORP.**



01-21-2003 90587 001 \*\*\*\*\*8.75  
01-21-2003 90587 002 \*\*\*\*\*5.00  
01-21-2003 90587 003 \*\*\*150.00

Principal Place of Business  
**587 COMPASS LAKE DR  
ALFORD FL 32420**

Mailing Address  
**P O BOX 1545  
MARIANNA FL 32447-1545**

2. Principal Place of Business  
**2618 Indian Springs Road**

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State  
**Marianna, FL**

City & State

4. FEI Number  
**38-3298604**

Applied For  
Not Applicable

Zip  
**32446**

Country  
**Jackson**

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**RODENBACH, RICHARD S  
587 COMPASS LAKE DR  
ALFORD FL 32420**

Name

Street Address (P.O. Box Number is Not Acceptable)  
**2618 Indian Springs Road**

City  
**Marianna**

FL

Zip Code  
**32446**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**PT  
RODENBACH, RICHARD S  
587 COMPASS LAKE DR  
ALFORD FL 32420** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**2618 Indian Springs Road  
Marianna, FL 32446** ☒ Change ☐ Addition  
address only

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**VS  
RODENBACH, K SUZANNE  
587 COMPASS LAKE DR  
ALFORD FL 32420** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**2618 Indian Springs Road  
Marianna, FL 32446** ☒ Change ☐ Addition  
address only

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

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

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CITY-ST-ZIP  
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☐ Change ☐ Addition

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☐ Change ☐ Addition

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☐ Delete

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

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: **K. Suzanne Rodenbach**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
**K. Suzanne Rodenbach**

**1/9/03 (850) 526-1003**  
Date Daytime Phone #

CR2E034 (10/02)