

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P92000000200

1. Entity Name

MI-LYN HOLDINGS, INC.

FILED
Apr 25, 2000 8:00 am
Secretary of State

04-25-2000 90069 025 ***150.00

Principal Place of Business 13860 WELLINGTON TRADE #12 SUITE 258 WPB FL 33414 US	Mailing Address 13860 WELLINGTON TRADE #12 SUITE 258 WPB FL 33414-8588 US
----------------------------------------------------------------------------------------------	---------------------------------------------------------------------------------------

2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
-------------------------------------------------------	-------------------------------------------

City & State	City & State	4. FEI Number 65-0347106	Applied For Not Applicable
Zip	Country	Zip	Country



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

RUSBRIDGE, MARY LYNN
1615 FORUM PLACE
SUITE 1-B
WEST PALM BEACH FL 33401

7. Name and Address of New Registered Agent
Name: Rusbridge, Mary Lynn
Street Address (P.O. Box Number is Not Acceptable)
14763 Drafthorse Lane
City: Wellington FL Zip Code: 33414

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)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
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			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	D. Mary Lynn Rusbridge	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RUSBRIDGE, MARY LYNN		NAME	PMB #258	
STREET ADDRESS	1615 FORUM PLACE, SUITE 1-B		STREET ADDRESS	13860 Wellington Trace #12	
CITY-ST-ZIP	WEST PALM BEACH FL 33401		CITY-ST-ZIP	Wellington, FL 33414	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Mary Lynn Rusbridge Mary Lynn Rusbridge Pres.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR April 5, 2000 561-791-1953
Date Daytime Phone #

CR2E034 (9/99)