

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Feb 11, 2001 08:00 AM**
Secretary of State**DOCUMENT # P93000083210**1. Entity Name
RALYNN, INC.**Principal Place of Business**

648 S.W. MAYPOP COURT

BOCA RATON

33486

FL

US

Mailing Address

648 S.W. MAYPOP COURT

BOCA RATON

33486

FL

US

2. Principal Place of Business

212 SOMERSET COURT

3. Mailing Address

212 SOMERSET COURT

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

ST AUGUSTINE

FL

City & State

ST AUGUSTINE

FL

Zip

32084

Country

US

Zip

32084

Country

US

4. FEI Number

65-0455498

Applied For

Not Applicable

5. Certificate of Status Desired☐**\$8.75** Additional
Fee Required**6. Name and Address of Current Registered Agent**BRADDY J. RANDOLPH
648 S.W. MAYPOP COURT

BOCA RATON

33486

FL

US

7. Name and Address of New Registered Agent

Name

BRADDY J. RANDOLPH

Street Address (P.O. Box Number is Not Acceptable)

212 SOMERSET COURT

City

ST AUGUSTINE

FL

Zip Code

32084

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)

02/11/2001

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, 2001 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**

TITLE	V	<input type="checkbox"/> Delete
NAME	BRADDY LYNN H	
STREET ADDRESS	648 S.W. MAYPOP COURT	
CITY-ST-ZIP	BOCA RATON FL 33486	
TITLE	P	<input type="checkbox"/> Delete
NAME	BRADDY J. RANDOLPH	
STREET ADDRESS	648 S.W. MAYPOP COURT	
CITY-ST-ZIP	BOCA RATON FL 33486	
TITLE		<input type="checkbox"/> Delete
NAME		
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRADDY LYNN H	
STREET ADDRESS	212 SOMERSET COURT	
CITY-ST-ZIP	ST AUGUSTINE FL 32084	
TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRADDY J. RANDOLPH	
STREET ADDRESS	212 SOMERSET COURT	
CITY-ST-ZIP	ST AUGUSTINE FL 32084	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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: J. Randolph Braddy

P

02/11/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)