

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 09, 2000 8:00 am
Secretary of State

05-09-2000 90122 039 ***150.00

DOCUMENT # P94000036613

1. Entity Name

R & L VIRGIN, INC.

Principal Place of Business

RT 1 BOX 26
 LAMONT FL 32336
 US

Mailing Address

RT 1 BOX 26
 LAMONT FL 32336-9700
 US

2. Principal Place of Business

3686 WOODVILLE HWY.
 Suite, Apt. #, etc.

3. Mailing Address

3686 WOODVILLE HWY
 Suite, Apt. #, etc.

City & State

TALLAHASSEE FL

City & State

TALLAHASSEE FL

4. FEI Number

59-3247517

Applied For

Not Applicable

Zip

32311

Country

LEON

Zip

32311

Country

LEON

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SAUERWINE, LYNN M
 RT 1 BOX 26
 UW HWY 27
 LAMONT FL 32336

7. Name and Address of New Registered Agent

Name SAUERWINE, LYNN M.
 Street Address (P.O. Box Number is Not Acceptable)
 16162 SUNRAY RD
 City TALLAHASSEE FL Zip Code 32308

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 LYNN M. SAUERWINE Lynn M Sauerwine 4-26-00
Signature, typed or printed name of registered agent and title if applicable (NOT: 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

TITLE	D	<input type="checkbox"/> Delete
NAME	SAUERWINE, LYNN M	
STREET ADDRESS	RT 1 BOX 26	
CITY-ST-ZIP	LAMONT FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	SAUERWINE, RICHARD W	
STREET ADDRESS	RT 1 BOX 26	
CITY-ST-ZIP	LAMONT FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
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	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SAUERWINE, LYNN M.	
STREET ADDRESS	16162 SUNRAY RD.	
CITY-ST-ZIP	TALLAHASSEE FL 32308	
TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SAUERWINE, RICHARD W.	
STREET ADDRESS	16162 SUNRAY RD.	
CITY-ST-ZIP	TALLAHASSEE FL 32308	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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: Lynn M Sauerwine 4-26-00 (850) 671-2692
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CRZE034 (9/99)