2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 10, 2001 8:00 am
Secretary of State
05-10-2001 90129 002 ***150.00

A0062999

DOCUMENT # P95000006245

1. Entity Name
XYPRIAN, INC.

Principal Place of Business
1420 Lee Avenue
Tallahassee, FL 32303

Mailing Address
1420 Lee Avenue
Tallahassee, FL 32303

2. Principal Place of Business	3. Mailing Address
7207 Stonebrook Drive	7207 Stonebrook Drive
Suite, Apt #, etc.	Suite, Apt #, etc.
City & State: Sanford, FL	City & State: Sanford, FL
Zip: 32773 Country: USA	Zip: 32773 Country: USA

DO NOT WRITE IN THIS SPACE

4. FEI Number: 59-3385239 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
Lois Rudloff
1420 Lee Avenue
Tallahassee, FL 32303

7. Name and Address of New Registered Agent
Name: Lois Rudloff
Street Address (P.O. Box Number is Not Acceptable)
7207 Stonebrook Drive
City: Sanford, FL Zip Code: 32773

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] 4/21/01
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, 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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P/D/T Lois Rudloff 1420 Lee Avenue Tallahassee, FL 32303 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P/T/D Lois Rudloff 7207 Stonebrook Drive Sanford, FL 32773 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V/S/D Villiam Milliken 9319 N.W. 14th Place Gainesville, FL 32606 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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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: [signature] LOIS RUDLOFF 4/21/01 407.324.2758
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/00)