

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 28, 2002 8:00 am**  
**Secretary of State**

04-28-2002 90579 019 \*\*\*150.00

**DOCUMENT #** P95000006245

**1. Entity Name**  
XYPRIAN, INC.

**DO NOT WRITE IN THIS SPACE**

<b>2. Principal Place of Business</b> 25 RIVERVIEW LANE	<b>3. Mailing Address</b> 25 RIVERVIEW LANE
Suite, Apt. #, etc.	Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

<b>City &amp; State</b> COCOA BEACH, FL	<b>City &amp; State</b> COCOA BEACH, FL
<b>Zip</b> 32931	<b>Zip</b> 32931
<b>Country</b> USA	<b>Country</b> USA

<b>4. FEI Number</b> 59-3385239	<b>Applied For</b> <input type="checkbox"/> Not Applicable
<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

**DO NOT WRITE  
IN THIS SPACE**

**7. Name and Address of Current Registered Agent**

<b>Name</b> LOIS COLONEL
<b>Street Address (P.O. Box Number is Not Acceptable)</b> 25 RIVERVIEW LANE
<b>City</b> COCOA BEACH <b>FL</b> <b>Zip Code</b> 32931

**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.**

<b>SIGNATURE</b> <u>Lois Colonel</u>	<b>PRESIDENT</b>	<b>DATE</b> 4-11-02
<small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>		

**9. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so.** ☒ (See criteria on back)

**January 1 - May 1 Fee is \$150.00**  
**After May 1, Fee is \$550.00**  
**Amended UBR is \$61.25**  
**Make Check Payable to Department of State**

**10. Election Campaign Financing** ☐ **\$5.00 May Be Added to Fees**  
Trust Fund Contribution.

**11. OFFICERS AND DIRECTORS**

<b>TITLE</b> P/T/D/CEO	<b>TITLE</b>	<b>DO NOT WRITE IN THIS SPACE</b>
<b>NAME</b> LOIS COLONEL	<b>NAME</b>	
<b>STREET ADDRESS</b> 25 RIVERVIEW LANE	<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b> COCOA BEACH, FL 32931	<b>CITY-ST-ZIP</b>	
<b>TITLE</b> V/S/D	<b>TITLE</b>	<b>DO NOT WRITE IN THIS SPACE</b>
<b>NAME</b> WILLIAM V. MILLIKEN	<b>NAME</b>	
<b>STREET ADDRESS</b> 9319 NW 14th PLACE	<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b> GAINESVILLE, FL 32606	<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	<b>TITLE</b>	<b>DO NOT WRITE IN THIS SPACE</b>
<b>NAME</b>	<b>NAME</b>	
<b>STREET ADDRESS</b>	<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	<b>TITLE</b>	<b>DO NOT WRITE IN THIS SPACE</b>
<b>NAME</b>	<b>NAME</b>	
<b>STREET ADDRESS</b>	<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	<b>TITLE</b>	<b>DO NOT WRITE IN THIS SPACE</b>
<b>NAME</b>	<b>NAME</b>	
<b>STREET ADDRESS</b>	<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	<b>CITY-ST-ZIP</b>	

**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 on an attachment with an address, with all other like empowered.**

<b>SIGNATURE:</b> <u>Lois Colonel</u>	<u>Lois COLONEL</u>	<b>DATE</b> 4-11-02	<b>DAYTIME PHONE #</b> 321.868.4066
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			