FROM : CATO:Refrig&Air:Conditioning PHONE NO. : 407 891 6907

FILED
May 18, 2000 8:00 am
Secretary of State
05-18-2000 90286 016 ***150.00

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT [redacted] P96000077945

1. Entity Name
~~RYLEX~~ HOMES INC.
RYLEX

Principal Place of Business
1527 MINNESOTA Ave
ST. CLOUD FL 34769

Mailing Address
P.O Box 700037
ST. CLOUD FL.
34770

A0001475

[redacted]

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
1527 MINNESOTA AVE
Street, Apt. #, etc.

3. Mailing Address
P.O Box 700037
Suite, Apt. #, etc.

City & State
St. Cloud, Florida

City & State
St. Cloud, Florida

4. Fei Number 59-3906322
☐ Applied For ☐ Not Applicable

34769 | County: Osceola | Zip: 34769 | County: Osceola

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

6. Name and Address of Current Registered Agent

MARK MURRAY
1527 MINNESOTA Ave
ST. CLOUD FL. 34769

7. Name and Address of New Registered Agent

Name

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

City FL Zip Code

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 individual with authority to sign, and the capacity or relationship to the entity on behalf of which the individual signs.

DATE

9. The corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so (See Chapter 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 Added to Fee

11. OFFICERS AND DIRECTORS

TITLE	P
NAME	MARK MURRAY
STREET ADDRESS	1527 MINNESOTA Ave
CITY-ST-ZIP	ST. CLOUD FL 34769
TITLE	VP
NAME	DONNA MURRAY
STREET ADDRESS	1527 MINNESOTA Ave
CITY-ST-ZIP	ST. CLOUD FL 34769
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
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NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
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 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 all other like empowered.

SIGNATURE Mark Murray 4/24/00