

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 24, 2003 8:00 am
Secretary of State

04-24-2003 90273 018 ***150.00

DOCUMENT # P96000101353

1. Entity Name
ARLYN ENTERPRISES, INC.



Principal Place of Business
**1809 LOMA LINDA ST
SARASOTA FL 34239
US**

Mailing Address
**P O BOX 5786
SARASOTA FL 34277
US**



2. Principal Place of Business

**C/O 1590 1st St.
Suite, Apt. #, etc.**

3. Mailing Address

**C/O 1590 1st St.
Suite, Apt. #, etc.**

☐ CHECK HERE IF MAKING CHANGES

City & State
Sarasota FL

Zip
34236

Country
U.S.

City & State
Sarasota FL

Zip
34236

Country
U.S.

4. FEI Number
65-0714548

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

**WISNER, JR., GARY L
1809 LOMA LINDA ST
SARASOTA FL 34239**

7. Name and Address of New Registered Agent

Name
Gary L. Wisner Jr.
Street Address (P.O. Box Number is Not Acceptable)
C/O 1590 1st St.
City
Sarasota FL Zip Code
34236

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **GARY L. WISNER JR.** **4-20-03**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

TITLE
PSTD ☐ Delete
NAME
WISENER, JANET T
STREET ADDRESS
1809 LOMA LINDA ST
CITY-ST-ZIP
SARASOTA FL 34239

TITLE
VD ☐ Delete
NAME
WISENER, GARY L
STREET ADDRESS
1809 LOMA LINDA ST
CITY-ST-ZIP
SARASOTA FL 34239

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
PSTD ☒ Change ☐ Addition
NAME
Janet T. Wisner
STREET ADDRESS
91 E Savannah St, P.O. Box 1588
CITY-ST-ZIP
Clayton Ga 30525

TITLE
VD ☒ Change ☐ Addition
NAME
Gary L. Wisner Jr.
STREET ADDRESS
91 E Savannah St, P.O. Box 1588
CITY-ST-ZIP
Clayton Ga 30525

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **GARY L. WISNER JR.** **4-20-03** **706-782-5522**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

0566623 AV

CR2E034 (10/02)