

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000067963

1. Entity Name

ZYLE INC.

FILED
Apr 24, 2000 8:00 am
Secretary of State

04-24-2000 90125 024 ***150.00

Principal Place of Business

4455 19TH ST W. UNIT 41
PANAMA CITY FL 32405

Mailing Address

4455 19TH ST W. UNIT 41
PANAMA CITY FL 32405-1171

2. Principal Place of Business

3. Mailing Address

9851 S. Thomas Dr.

9851 S. Thomas Dr.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Panama City Beach, FL

City & State

Panama City Beach, FL

Zip

32407

Country

Zip

32407

Country

4. FEI Number

DO NOT WRITE IN THIS SPACE

59-3525667

APPLIED FOR

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ZHONG, HE

4455 19TH ST W, UNIT 41
PANAMA CITY FL 32405

Name

LIAN FANG

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

9851 S. Thomas Dr.

City

Panama City Beach FL

Zip Code

32407

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

Lian Fang

Signature, typed or printed name of registered agent and title is applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4-15-00

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PT	<input checked="" type="checkbox"/> Delete
NAME	ZHONG, HE	
STREET ADDRESS	4455 19TH ST W, UNIT 41	
CITY-ST-ZIP	PANAMA CITY FL 32405	
TITLE	VP	<input type="checkbox"/> Delete
NAME	YUNGRON, CHEN	
STREET ADDRESS	9851 S. THOMAS DR.	
CITY-ST-ZIP	PANAMA CITY BEACH FL 32405	
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		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Lian Fang	
STREET ADDRESS	9851 S. Thomas Dr.	
CITY-ST-ZIP	Panama City Beach FL 32407	
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		
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:

Lian Fang

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-15-00

Date

850-286-8888

Daytime Phone #

CR2E034 (9/99)