

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

FILED
May 01, 2002 8:00 am
Secretary of State

05-01-2002 91527 032 ***150.00

DOCUMENT #

1. Entity Name

P-98000086388
SYLKEN, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1237-B ARLINGTON RD.

3. Mailing Address

1237-B ARLINGTON RD.

Suite, Apt., #, etc.

Suite, Apt., #, etc.

DO NOT WRITE IN THIS SPACE

City & State

JACKSONVILLE, FL.

City & State

JACKSONVILLE FL.

4. FEI Number

59-3536078

Applied For

Not Applicable

Zip

32211

Country

USA

Zip

32211

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

Kenneth W. Riley

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

2205 Wood Hill PL

City

JACKSONVILLE

FL

Zip Code

32211

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 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)



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

Trust Fund Contribution ☐

\$5.00 May Be

Added to Fees

11. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
President
Sylvia Riley
2205 Wood Hill PL
JACKSONVILLE, FL. 32256

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
Chairman
Kenneth W. Riley
2205 Wood Hill PL
JACKSONVILLE, FL. 32256

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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**DO NOT WRITE
IN THIS SPACE**

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 empowerment.

SIGNATURE:

Kenneth W. Riley

Kenneth W. Riley

4/22/02

904 727-7777

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/01)

ATTACH # P98000086388/644019

Sylken, Inc
DBA Mirelle the Florist
1237 B Arlington Rd.
Jacksonville, Fl. 32211

Uniform Business Report
Division of Corporations
P.O. Box 1500
Tallahassee, Fl. 32302-1500