

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 30, 2003 8:00 am
Secretary of State

01-13-2003 90072 047 ***158.75

DOCUMENT # S47431	
1. Entity Name BRECKLIN, INC.	

Principal Place of Business 505 N SAMSULA DR NEW SMYRNA BEACH FL 32168	Mailing Address 505 N SAMSULA DR NEW SMYRNA BEACH FL 32168
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State	City & State
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Zip	Country	Zip	Country
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4. FEI Number 59-3114716	Applied For ☐ Not Applicable
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5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent SANDERS, TERRY A. 3930 LANGFORD RD NEW SMYRNA BEACH FL 32168	7. Name and Address of New Registered Agent Name Sanders, Edmond R. Street Address (P.O. Box Number is Not Acceptable) 712 Central Park Blvd. City Port Orange, FL Zip Code 32127
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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 Signature, typed or printed name of registered agent and title if applicable.	(NOTE: Registered Agent signature required when reinstating)	DATE
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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
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SANDERS, TERRY A. 3930 LANGFORD ROAD NEW SMYRNA BCH FL ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Sanders, Donna Sue 3930 Langford Road New Smyrna Beach, FL 32168 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V SANDERS, DONNA SUE 3930 LANGFORD ROAD NEW SMYRNA BCH FL ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V Sanders, Terry A. 3930 Langford Road New Smyrna Beach, FL 32168 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SANDERS, EDMOND R. 712 CENTRAL PARK BLVD PORT ORANGE FL 32127 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Edmond R. Sanders ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T SANDERS, WILLODEEN O 712 CENTRAL PARK BLVD PORT ORANGE FL 32127 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	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: Edmond R. Sanders	SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date 1/7/03	Daytime Phone # 386/322-0392
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CR2E034 (10/02)