

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 22, 2000 8:00 am
Secretary of State

05-22-2000 90066 004 ***150.00

DOCUMENT # F96000001755

1. Entity Name
DALYN INTERNATIONAL CORPORATION

Principal Place of Business 1340 CHARLESTON SQ DR 203 NAPLES FL 34110 US	Mailing Address 1340 CHARLESTON SQ DR 203 NAPLES FL 34110-9140 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 6017 Pine Ridge Rd. Suite, Apt. #, etc. 149 Naples, FL 34119 USA	3. Mailing Address 6017 Pine Ridge Rd. Suite, Apt. #, etc. 149 Naples, FL 34119 USA
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4. FEI Number 52-1887391	Applied For <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent RICE, DANIELLE 1340 CHARLESTON SQ DR #203 NAPLES FL 34119	7. Name and Address of New Registered Agent Name Danielle Rice Street Address (P.O. Box Number is Not Acceptable) 1340 Charleston Sq. Dr. #203 City Naples FL Zip Code 34110
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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.

SIGNATURE *Danielle Rice* DATE 04-24-00
Signature, typed or printed name of registered agent and fee, if applicable. (NOTE: Registered Agent signature required when reinstating.)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. <input type="checkbox"/>	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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCD JUSTICE, JIMMY 1340 CHARLESTRON SQ DR NAPLES FL 34110 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	6017 Pine Ridge Rd. #149 NAPLES, FL 34119 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V JUSTICE, CECILENE 1340 CHARLESTRON SQ DR #203 NAPLES FL 34110 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	6017 Pine Ridge Rd. #149 NAPLES, FL 34119 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Jimmy Justice* DATE: APR 24, 2000 DAYTIME PHONE #: 941-514-8682
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR