FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

AMENDED

DOCUMENT # 191813

1. Entity Name

LAYNE INC. OF FLORIDA

FILED

02 NOV -4 PM 2:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CD

DO NOT WRITE IN THIS SPACE

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2. Principal Place of Business	3. Mailing Address
3921 SW 47th Avenue	PO Box 292708
Suite, Apt. #, etc.: #1003	Suite, Apt. #, etc.:
City & State: Davie, FL	City & State: Davie, FL
Zip: 33314 Country:	Zip: 33329 Country:

4. FEI Number: 59-0776717 ☐ Applied For ☐ Not Applicable

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

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7. Name and Address of Current Registered Agent

Name: Crouch, S. Lee

Street Address (P.O. Box Number is Not Acceptable): 1001 North Federal Highway

Suite 303

City: Hallandale Beach FL Zip Code: 33009

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 _____ DATE

Signature, typed or printed name of registered agent and title 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. (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	PD
NAME	Layne, Patrick R.
STREET ADDRESS	1001 N. Federal Highway 303
CITY-ST-ZIP	Hallandale Beach, FL 33009
TITLE	VP D
NAME	Layne, Michael
STREET ADDRESS	1001 N. Federal Highway 303
CITY-ST-ZIP	Hallandale Beach, FL 33009
TITLE	VP S D
NAME	Layne, Dorothy
STREET ADDRESS	1001 N. Federal Highway 303
CITY-ST-ZIP	Hallandale Beach, FL 33009
TITLE	D
NAME	Lundgren, Richrad N.
STREET ADDRESS	1001 N. Federal Highway 303
CITY-ST-ZIP	Hallandale, FL 33009
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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11/04/02--01105--004 **61.25

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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 empowered.

SIGNATURE: Patrick R. Layne Patrick R. Layne 11-1-02 954-791-2433

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #