

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 12, 2000 8:00 am
Secretary of State

05-12-2000 90053 022 ***150.00

DOCUMENT # 817948

1. Entity Name

H.B. LAYNE CONTRACTOR INC.

Principal Place of Business

Mailing Address

3921 SW 47TH AVENUE
 SUITE 1003
 DAVIE FL 33314
 US

P.O BOX 292708
 DAVIE FL 33329-2708
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **31-0545070**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

731808



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CROUCH, S. LEE
1001 N. FEDERAL HIGHWAY
SUITE 206
HALLANDALE FL 33009

Name

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

City

FL

Zip Code

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)

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	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
PTD	LUNDGREN, RICHARD N.	1001 N FEDERAL HWY #206	HALLANDALE FL	<input type="checkbox"/>	From: PTD				<input checked="" type="checkbox"/>	<input type="checkbox"/>
					To: VPTD					
VSD	LAYNE, DOROTHY	1001 N FEDERAL HWY #206	HALLANDALE FL	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
VP	LAYNE, PATRICK R	1001 N. FEDERAL HWY., #206	HALLANDALE FL	<input type="checkbox"/>	From: VP				<input checked="" type="checkbox"/>	<input type="checkbox"/>
					To: P					
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Richard N. Lundgren 4/27/2000

Date

Daytime Phone #

954-791-2433