SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

2001	2001 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # K11302 1. Entity Name DIANE K. LAYTON & ASSOCIATES, INC.								ILE			
 Entity Name 								Mar 22, 2001 8:00 am Secretary of State 03-22-2001 90065 014 ***150.00				
Principal Place of Business 1048 GOODLETTE ROAD. SUITE #205 NAPLES FL 34102 US			Mailing Address 1048 GOODLETTE RD SUITE 205 NAPLES FL 34102 US				ė 1 00 (1 1) (10)	41 50 2 118 00 41151 8 0	ISIN İLNA NENIA DA	II BIBN BITH BIS)))	
2. Principal Place of Business			3. Mailing Address									
Suite, Apt. #, etc.			Suite, Apt. #, etc.					DO NOT W	RITE IN THIS	SPACE		
City & State			City & State				4. FEI Number 65-0013654 Applied For Not Applicable					, ,
Zip Country			(ip	itry	5. Certificate of Status Desired						1	
6. Name and Address of Current Registered Agent					= Name =	7. N	Name and A	ddress of Nev	Registered	Agent		_ _
1048	ON, DIANE K. GOODLETTE ROAD, SUITE #20 ES FL 34102)5		Street Addre	ess (P.O. E	Box Number	is Not Accepta	ble)			_ -	
					City			*	FL	Zip Coo	de	1
8. The above	named entity submits this statement	for the p	urpose of changing its	register	ed office or reg	istered ag	jent, or both,	in the State of	Florida.			
SIGNATURE	Signature, typed or printed name of registered age	ent and title if	arblicable (NOTE	: Registere	PASS G d Agent signature rec	DE +	einstating)	. .	Z	3/01		
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, 2001 Fee will be \$550.00 Make Check Payable to Department of S				1	ion Campaign Fund Contribu			00 May Be d to Fees	
11.	OFFICERS AN	D DIREC	· · · · · · · · · · · · · · · · · · ·	12.			DITIONS/CI	HANGES TO O	FFICERS AN	D DIRECTOR	RS IN 11	} .
TITLE NAME STREET ADDRESS	DP LAYTON, DIANE K. 1048 GOODLETTE RD. #205 NAPLES FL 34102								☐ Change	☐ Addition	00,01,100	
CITY-ST-ZIP	THAT LEG T L GATOZ		Delete	TITL						☐ Change	☐ Addition	4 5
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TITLE			☐ Delete	TITL					 .	☐ Change	Addition	1
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CITY-ST-ZIP	L	_			-ST-ZIP							_
TITLE NAME STREET ADDRESS			☐ Delete	TITLI NAM STRE						☐ Change	☐ Addition	
CITY-ST-ZIP		_			-ST-ZIP			_				
TITLE NAME			☐ Delete	TITU	E	-				☐ Change	☐ Addition	
STREET ADDRESS CITY-ST-ZIP					ET ADDRESS - ST- ZIP							
indicated of the cor	pertify that the information supplied wo on this report or supplemental report poration or the receiver or trustee em or on an attachment with an address	t is true a powered	nd accurate and that me to execute this report	ny signa as requi	ture shall have	the same	legal effect a	is if made unde	er oath; that I	am an office	r or director	7