

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 21, 2003 8:00 am
Secretary of State

04-21-2003 90551 013 ***150.00

DOCUMENT # P01000053453

1. Entity Name
JAYLEX DESIGN, INC.



Principal Place of Business
**2749 VERNON TERR.
#1
JACKSONVILLE FL 32205**

Mailing Address
**2749 VERNON TERR.
#1
JACKSONVILLE FL 32205**

2. Principal Place of Business
1512 MALLORY ST.

3. Mailing Address
1512 MALLORY ST.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
JACKSONVILLE, FL

City & State
JACKSONVILLE, FL

4. FEI Number **59-3720448**

Applied For
Not Applicable

Zip
32205

Country
US

Zip
32205

Country
US

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**GONZALES, AMY
2749 VERNON TERR. #1
JACKSONVILLE FL 32205**

Name

Street Address (P.O. Box Number is Not Acceptable)
1512 MALLORY ST.

City **JACKSONVILLE** FL Zip Code **32205**

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 *Amy Gonzales*
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4/17/03
DATE

**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**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PD** ☐ Delete
NAME **GONZALES, AMY**
STREET ADDRESS **2749 VERNON TERR. #1**
CITY-ST-ZIP **JACKSONVILLE FL 32205**

☒ Change ☐ Addition
TITLE
NAME
STREET ADDRESS **1512 MALLORY ST.**
CITY-ST-ZIP **JACKSONVILLE, FL 32205**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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☐ Change ☐ Addition
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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: *Amy Gonzales* **AMY GONZALES** **4/16/03** **904-387-1260**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)