

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 29, 2003 8:00 am
Secretary of State

08-29-2003 90088 047 ***550.00

DOCUMENT # P01000112749

1. Entity Name
TEDDY C. LAYUG CONSTRUCTION, INC.



Principal Place of Business
10127 CHESHAM DR
ORLANDO FL 32817

Mailing Address
10127 CHESHAM DR
ORLANDO FL 32817

2. Principal Place of Business
10127 CHESHAM DR.
Suite, Apt. #, etc.

3. Mailing Address
10127 CHESHAM DR.
Suite, Apt. #, etc.



☐ CHECK HERE IF MAKING CHANGES

City & State
ORLANDO, FL
Zip **32817** **Country** **U.S.A.**

City & State
ORLANDO, FL
Zip **32817** **Country** **U.S.A.**

4. FEI Number
593760627

☒ **Applied For**
☐ **Not Applicable**

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

6. Name and Address of Current Registered Agent

LAYUG, TEDDY C.
10127 CHESHAM DR
ORLANDO FL 32817

7. Name and Address of New Registered Agent

Name **LAYUG, TEDDY C.**
Street Address (P.O. Box Number is Not Acceptable)
10127 CHESHAM DRIVE
City **ORLANDO** **FL** **FL** **Zip Code** **32817**

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
Signature typed or printed name of registered agent and title if applicable.

TEDDY C. LAYUG PRESIDENT 8-25-03
(NOTE: Registered Agent signature required when reinstating) **DATE**

FILE NOW!!! FEE IS \$550.00
After September 10, 2003 Fee will be \$750.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT TEDDY C. LAYUG 10127 CHESHAM DRIVE ORLANDO, FL 32817	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VICE PRESIDENT ANA L. LAYUG 10127 CHESHAM DR. ORLANDO, FL 32817	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition

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:
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8-25-03 407-677-0321
Date Daytime Phone #

CR2E034 (4/03)