

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 23, 2003 8:00 am
Secretary of State

04-23-2003 90063 016 ***150.00

DOCUMENT # P02000057762

1. Entity Name
HAYTON INTERNATIONAL ENTERPRISES, INC.



Principal Place of Business
**5301 CONROY RD., STE. 140
ORLANDO FL 32811**

Mailing Address
**5301 CONROY RD., STE. 140
ORLANDO FL 32811**

2. Principal Place of Business

5770 W. IRLA BRONSON HWY

Suite, Apt. #, etc.

STE. 173

City & State

KISSIMMEE FL

Zip

32746

Country

USA

3. Mailing Address

5770 W IRLA BRONSON HWY

Suite, Apt. #, etc.

STE 173

City & State

KISSIMMEE FL

Zip

32746

Country

USA

11007185



☐ CHECK HERE IF MAKING CHANGES

4. FEI Number

14-1846332

Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

LAVIGNE, JAMES R

5301 CONROY RD., STE. 140

ORLANDO FL 32811

7. Name and Address of New Registered Agent

Name

JOHN HAYTON

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

5770 W IRLA BRONSON HWY. STE 173

City

KISSIMMEE

FL

Zip Code

32746

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.

(NOTE: Registered Agent signature required when reinstating)

DATE

4/28/03

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

TITLE **D** ☐ Delete
NAME **HAYTON, JOHN**
STREET ADDRESS **1 BROWN ST., ALTRINCHAM CHESHIRE WA14 2EU**
CITY-ST-ZIP **UNITED KINGDOM**

TITLE **D** ☐ Delete
NAME **HAYTON, LYNN**
STREET ADDRESS **1 BROWN ST., ALTRINCHAM CHESHIRE WA14 2EU**
CITY-ST-ZIP **UNITED KINGDOM**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☒ Change ☐ Addition
NAME **HAYTON, JOHN**
STREET ADDRESS **5770 W IRLA BRONSON HWY STE. 173**
CITY-ST-ZIP **KISSIMMEE FL 32746**

TITLE **D** ☒ Change ☐ Addition
NAME **HAYTON, LYNN**
STREET ADDRESS **5770 W IRLA BRONSON HWY STE. 173**
CITY-ST-ZIP **KISSIMMEE FL 32746**

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

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/03

Daytime Phone #

CR2E034 (10/02)