


**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 91163 032 ***158.75

DOCUMENT # P02000130786	
1. Entity Name B Lay ENTERPRISES INC.	

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 1231 ROEBUCK Ct. <small>Suite, Apt. #, etc.</small>	3. Mailing Address 1231 ROEBUCK Ct <small>Suite, Apt. #, etc.</small>
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DO NOT WRITE IN THIS SPACE

City & State West Palm Beach, Fla	City & State West Palm Beach, Fla	4. FEI Number 03-0495612	Applied For <input type="checkbox"/> Not Applicable
Zip 33401	Country USA	5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent	
Name Bobby G. Lay SR.	
Street Address (P.O. Box Number is Not Acceptable) 1227 ROEBUCK Ct	
City West Palm Beach FL	Zip Code 33401

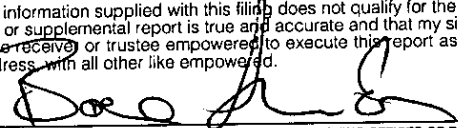
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE  DATE **4/30/03**
(NOTE: Registered Agent signature required when reinstating)

January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT Bobby G Lay SR 1231 ROEBUCK Ct. West Palm Beach FL 33401	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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 on an attachment with an address with all other like empowered.

SIGNATURE:  DATE **4/30/03** 1561-835-9454
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Bobby G Lay SR

CR2E034B (12/02)