

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

FILED
Mar 31, 2006 08:00 AM
Secretary of State

DOCUMENT #	P04000119645
1. Entity Name	
NESTLAY CONSTRUCTION, INC.	

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
5036 DR. PHILLIPS BLVD STE. 196		Suite, Apt. #, etc.	
City & State		City & State	
ORLANDO, FL			
Zip	Country	Zip	Country
32819-3310			

DO NOT WRITE IN THIS SPACE

4. FEI Number	Applied For
58-2502560	Not Applicable
5. Certificate of Status Desired	\$8.75 Additional Fee Required
<input type="checkbox"/>	

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent	
Name	
RANJIT S AULAKH	
Street Address (P.O. Box Number is Not Acceptable)	
5036 DR. PHILLIPS BLVD. STE. 196	
City	Zip Code
ORLANDO	32819

B. 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

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$650.00
Amended UBR is \$61.25

Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS		11.	
TITLE	PD	TITLE	
NAME	AULAKH, RANJIT S	NAME	
STREET ADDRESS	5036 DR. PHILLIPS BLVD., STE. 196	STREET ADDRESS	
CITY-ST-ZIP	ORLANDO, FL 32819	CITY-ST-ZIP	
TITLE	SD	TITLE	
NAME	AULAKH, JAGBIR S	NAME	
STREET ADDRESS	5036 DR. PHILLIPS BLVD., STE. 196	STREET ADDRESS	
CITY-ST-ZIP	ORLANDO, FL 32828	CITY-ST-ZIP	
TITLE	SD	TITLE	
NAME	GILL, DALWINDER S	NAME	
STREET ADDRESS	842 HORSESHOE FALLS DR	STREET ADDRESS	
CITY-ST-ZIP	ORLANDO, FL 32828	CITY-ST-ZIP	
TITLE	TD	TITLE	
NAME	GILL, BALWINDER	NAME	
STREET ADDRESS	5036 DR. PHILLIPS BLVD., STE. 196	STREET ADDRESS	
CITY-ST-ZIP	ORLANDO, FL 32819	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/15/06

Date

Daytime Phone #