

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

FILED ATX1
Mar 12, 2007 08:00 A
Secretary of State

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

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 5036 DR. PHILLIPS BLVD STE. 196 Suite, Apt. #, etc.	3. Mailing Address 5036 DR. PHILLIPS BLVD STE. 196 Suite, Apt. #, etc.
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DO NOT WRITE IN THIS SPACE

City & State ORLANDO, FL	City & State ORLANDO, FL	4. FEI Number 56-2502560	Applied For Not Applicable
Zip 32819-3310	Country	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

**DO NOT WRITE
IN THIS SPACE**

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

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**

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 ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

10. OFFICERS AND DIRECTORS

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

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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:

Aulakh

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03-12-07

Date

Daytime Phone #