

2000 UNIFORM BUSINESS REPORT (UBR)**FILED****May 01, 2000 08:00 AM****Secretary of State****DOCUMENT # P93000002832****1. Entity Name**

LAYFIELD ENTERPRISES, INC.

Principal Place of Business

7234 RESOTA LANE

PANAMA CITY

32409

FL

US

Mailing Address

PO BOX 636

LYNN HAVEN

32444

FL

US

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State**City & State**

Zip

Country

Zip

Country

4. FEI Number**59-3160798**

Applied For

Not Applicable

5. Certificate of Status Desired**\$8.75** Additional
Fee Required**6. Name and Address of Current Registered Agent**

LAYFIELD WILLIAM E

7234 RESOTA LANE

PANAMA CITY

32409

FL

7. Name and Address of New Registered Agent**Name**

LAYFIELD WILLIAM E

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

7234 RESOTA LANE

City

PANAMA CITY

FL**Zip Code**
32409**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.****SIGNATURE WILLIAM E. LAYFIELD**

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

(NOTE: Registered Agent signature required when reinstating)

05/01/2000

DATE

**9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.**
(See criteria on back) ☐**FILE NOW!!! FEE IS \$150.00**
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State**10. Election Campaign Financing
Trust Fund Contribution.** ☐**\$5.00** May Be
Added to Fees**11. OFFICERS AND DIRECTORS****TITLE** PVSD ☐ Delete
NAME LAYFIELD WILLIAM E
STREET ADDRESS 7234 RESOTA LANE
CITY-ST-ZIP PANAMA CITY FL 32409**TITLE** ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP**TITLE** ☐ Delete
NAME
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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**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11****TITLE** PVSD ☒ Change ☐ Addition
NAME LAYFIELD WILLIAM E
STREET ADDRESS 7234 RESOTA LANE
CITY-ST-ZIP PANAMA CITY FL 32409**TITLE** ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP**TITLE** ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP**TITLE** ☐ Change ☐ Addition
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CITY-ST-ZIP**TITLE** ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP**TITLE** ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP**13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.****SIGNATURE** William E. Layfield

PVS

05/01/2000