2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

P94000090141 **DOCUMENT #**

1. Entity Name



FILED Feb 10, 2003 8:00 am Secretary of State 02-10-2003 90219 010 ***150.00

NAME STREET ADDRESS CITY-ST-ZIP ### Change Addit ### Addit ### Change Addit ### Addit	AYALA E	EQUIPMENT, INC.				02 10 2000 1021		
Suite, Apt. #. ofc City & State Country Country Country Country Country S. Certificate of Status Desired Be Regulated For Additional For Additiona	655 SW 36 AVE		655 SW 36 A	655 SW 36 AVE				
Suite, Apt. #. ofc City & State Country Country Country Country Country S. Certificate of Status Desired Be Regulated For Additional For Additiona								
City & State Ci	2. Principal	Place of Business	3. Mailing Add	dress		i santinas tien sant niati šanti niiti datit 1914	1841) 6818) 1181 1 5	1001 1101 1001
Zip Country Zip Country S. Certificate of Status Desired: \$8.75 Additional Feb Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent MIDSTATE LEGAL SUPPLY-CORP 4435 OLD MINTER GARDEN RD ORLANDO FL 32811 City FL Zip Code 6. The above named entity submits this statement for the purpose of changing its registered office or registered agens, or both, in the State of Florida. I am familiar with, and accidence of registered agens, or both, in the State of Florida. I am familiar with, and accidence of registered agens, or both, in the State of Florida. I am familiar with, and accidence of registered agens. Or both, in the State of Florida. I am familiar with, and accidence of registered agens. Or both, in the State of Florida. I am familiar with, and accidence of registered agens. Or both, in the State of Florida. I am familiar with, and accidence of registered agens. Or both, in the State of Florida. I am familiar with, and accidence of registered agens. Or both, in the State of Florida. I am familiar with, and accidence of registered agens. Or both, in the State of Florida. I am familiar with, and accidence of registered agens. Or both, in the State of Florida. I am familiar with, and accidence of registered agens. Or both, in the State of Florida. I am familiar with, and accidence of registered agens. Or both, in the State of Florida. I am familiar with, and accidence of registered agens. Or both, in the State of Florida. I am familiar with, and accidence of registered agens. Or both, in the State of Florida. I am familiar with, and accidence of registered agens. Or both, in the State of Florida. I am familiar with, and accidence of registered agens. Or both, in the State of Florida. I am familiar with, and accidence of registered agens. Or both, in the State of Florida. I am familiar with, and accidence of registered agens. Or both in the State of Florida. I am familiar with, and accidence of registered agens. Or both in the State of Florida. I am familiar with,	Suite, Ap	ot. #, etc.	Suite, Apt. #	t, etc.	······································	CHECK HERE IF MAKING CHANGES		
Se. Name and Address of Current Registered Agent Se. Name and Address of Current Registered Agent To Name and Address of New Registered Agent Name	City & State		City & State	City & State		557542020		
So Name and Address of Current Registered Agent Minor Minor Minor Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code FL Zi	Zip	Country	Zip	Cou	ntry	5. Certificate of Status Desired	\$8.75 Add	litional
### Add Class ##		6. Name and Address of Cur	rent Registered Agen	t		7. Name and Address of New Registered		
Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable)	MIDSTAT	E LEGAL SUPPLY CORP	<u> </u>		Name			
City FL Zip Code 6. The above named entity submits this statement for the purpose of changing its legistered office or registered agent, or both, in the State of Florida. I am familiar with, and accident for the control of the purpose of changing its legistered agent, or both, in the State of Florida. I am familiar with, and accident for the control of the purpose of changing its legistered agent, or both, in the State of Florida. I am familiar with, and accident for the purpose of changing its legistered agent, or both, in the State of Florida. I am familiar with, and accident for the purpose of changing its legistered agent, or both, in the State of Florida. I am familiar with, and accident for the purpose of changing its legistered agent, or both, in the State of Florida. I am familiar with, and accident for the purpose of changing its legistered agent, or both, in the State of Florida. I am familiar with, and accident for the purpose of changing its legistered agent, or both, in the State of Florida. I am familiar with, and accident for the purpose of changing its legistered agent, or both, in the State of Florida. I am familiar with, and accident for the purpose of changing its legistered agent, or both, in the State of Florida. I am familiar with, and accident for the purpose of changing its legistered agent, or both, in the State of Florida. I am familiar with, and accident for the purpose of changing its legistered agent, or both, in the State of Florida. I am familiar with, and accident for the purpose of Change in the State of Florida Delete in the purpose of Change in the State of Change in th					Street Address (F	O. Box Number is Not Acceptable)		
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 accident department of registered agent. Communication of registered agent Communication	ORLAND	O FL 32811						
B. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accide the obligations of registered agent. Signature					City	FI	Zip Code	
After May 1, 2003 Fee will be \$550.00 Make Check Psyable to Florida Department of State 10.	SIGNATURE	Signature, typed or printed name of registered a					animai with, a	and accept
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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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: __