

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000020719

1. Entity Name  
DYLAFCORP



**FILED**  
**Jul 31, 2003 8:00 am**  
**Secretary of State**

07-31-2003 90071 041 \*\*\*550.00

0010471 AV

Principal Place of Business  
330 BONNIE TRAIL  
LONGWOOD FL 32750

Mailing Address  
330 BONNIE TRAIL  
LONGWOOD FL 32750



2. Principal Place of Business  
773 RANTOUL LANE  
Suite, Apt. #, etc.

3. Mailing Address  
773 RANTOUL LANE  
Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State  
LAKE MARY, FL.

City & State  
LAKE MARY, FL. 32746

Zip  
32746

Country  
USA

Zip  
32746

Country  
USA

4. FEI Number 59-3361580

Applied For  
☐ Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
SOUKUP, KEVIN  
330 BONNIE TRAIL  
LONGWOOD FL 32750

7. Name and Address of New Registered Agent  
Name KEVIN Soukup  
Street Address (P.O. Box Number is Not Acceptable)  
773 RANTOUL LANE  
City LAKE MARY FL Zip Code 32746

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 Kevin Soukup DATE 7-25-03  
(NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$550.00**  
**After September 10, 2003 Fee will be \$750.00**  
**Make Check Payable to Florida Department of State**

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP SOUKUP, KEVIN 330 BONNIE TRAIL LONGWOOD FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: SKIGNATURE REQUIRED DATE 7-25-03 DAYTIME PHONE # 407-592-4988  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (4/03)