

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000101904

1. Entity Name

KAYLA CORP.

FILED
Apr 10, 2000 8:00 am
Secretary of State

04-10-2000 90169 020 ***150.00

Principal Place of Business

Mailing Address

2415 PELHAM ROAD NORTH
ST PETERSBURG FL 33710

2415 PELHAM ROAD NORTH
ST PETERSBURG FL 33710-3665

2. Principal Place of Business

1705 Anglers Ct.
Suite, Apt. #, etc.

3. Mailing Address

1705 Anglers Ct.
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Safety Harbor, FL

City & State

Safety Harbor, FL

4. FEI Number

59-3414815

Applied For

Not Applicable

Zip

34695

Country

USA

Zip

34695

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

KAILING, ANITA
2415 PELHAM RD. N.
ST. PETERSBURG FL 33710

7. Name and Address of New Registered Agent

Name

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

1705 Anglers Court

City

Safety Harbor

FL

Zip Code

34695

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

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

(NOTE: Registered Agent signature required when reinstating)

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 DT ☐ Delete
NAME KAILING, ANITA
STREET ADDRESS 2415 PELHAM ROAD NORTH
CITY-ST-ZIP ST PETERSBURG FL

TITLE P ☐ Delete
NAME AULABAUGH, MICHAEL
STREET ADDRESS 1510 SEAGULL DR.
CITY-ST-ZIP ST. PETERSBURG FL

TITLE VP ☐ Delete
NAME KAILING, DAVID
STREET ADDRESS 2415 PELHAM RD. N.
CITY-ST-ZIP ST. PETERSBURG FL

TITLE S ☐ Delete
NAME AULABAUGH, JUDY
STREET ADDRESS 1510 SEAGULL DR.
CITY-ST-ZIP ST. PETERSBURG FL

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 ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
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CITY-ST-ZIP

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NAME
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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:

Anita Kailing
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/4/00 727
796-9719
Date Daytime Phone #

CR2E034 (9/99)