

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000101904

1. Entity Name
KAYLA CORP.

Principal Place of Business
1705 ANGLERS CT
SAFETY HARBOR FL 34695
US

Mailing Address
1705 ANGLERS CT
SAFETY HARBOR FL 34695
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3414815

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

KAILING, ANITA
1705 ANGLERS CT
SAFETY HARBOR FL 34695

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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, 2002 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	DT	<input type="checkbox"/> Delete
NAME	KAILING, ANITA	
STREET ADDRESS	2415 PELHAM ROAD NORTH	
CITY-ST-ZIP	ST PETERSBURG FL	
TITLE	P	<input type="checkbox"/> Delete
NAME	AULABAUGH, MICHAEL	
STREET ADDRESS	1510 SEAGULL DR.	
CITY-ST-ZIP	ST. PETERSBURG FL	
TITLE	VP	<input type="checkbox"/> Delete
NAME	KAILING, DAVID	
STREET ADDRESS	2415 PELHAM RD. N.	
CITY-ST-ZIP	ST. PETERSBURG FL	
TITLE	S	<input type="checkbox"/> Delete
NAME	AULABAUGH, JUDY	
STREET ADDRESS	1510 SEAGULL DR.	
CITY-ST-ZIP	ST. PETERSBURG FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	1705 Anglers Court	
STREET ADDRESS	Safety Harbor, FL	
CITY-ST-ZIP	34695	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	1705 Anglers Court	
STREET ADDRESS	Safety Harbor, FL	
CITY-ST-ZIP	34695	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	1705 Anglers Court	
STREET ADDRESS	Safety Harbor, FL	
CITY-ST-ZIP	34695	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

CR2E034 (9/01)

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, 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

6/1/02

727-796-9719

FILED
Jul 17, 2002 8:00 am
Secretary of State

06-10-2002 90464 034 ***150.00
07-17-2002 90135 014 ***400.00

B0129937



DO NOT WRITE IN THIS SPACE