## 2001 UNIFORM BUSINESS REPORT (UBR) FILED

| 1. Entity Nam  | MENT # <b>P980000</b> 3  AYLOR DESIGNS, INC.   | 30464   |  | Line property of the state of t | Jan 16, 2<br>Secretar<br>01-16-2001 90              | ry of S            | Stat                        | e                 |
|--|--|---|--|--|---|--------------------|-----------------------------|-------------------|
| Principal Place of Business<br>3087 MONETARY DRIVE<br>E-7<br>RIVIERA BEACH FL 33404                        |  | Mailing Address  8087 MONETARY DRIVE E-7 RIVIERA BEACH FL 33404 |  |  |   |                    |                             |                   |
| 2. Principal F   | Long of Business Long 15 Run #, etc.   | 3. Mailing Address 12 (Labbat 5 Rue) Suite, Apt. #, etc.        |  |  | DO NOT WRITE IN THIS SPACE                          |                    |                             |                   |
| Palm Blach (104/11) City & State   |  |   |  | 4. FEI Number 65-0829881 Applied For Not Applied ble   |   |                    | Applicable                  |                   |
| 3341   | S Country  | Zip Cynu  | Country  | 5. 4   | Certificate of Status Desired                       |                    | <b>75</b> Addit<br>Required |                   |
|  | 6. Name and Address of Current Re  | gistered Agent  | Name   | 7.   | Name and Address of New R                           | legistered Agen    | A                           |                   |
| LEYLAND, CLAUDETTE<br>1372 NORTH KILLIAN DRIVE, SUITE G<br>LAKE PARK FL 33403                              |  |   |  | Street Address (P.O. Box Number is Not Acceptable)   |   |                    |                             |                   |
|  |  |   | City   |  | ·   | FL                 | Zip Code                    |                   |
| 8. The above   | named entity submits this statement for t  | he purpose of changing its r                                    | registered office o                            | r registered aς  | gent, or both, in the State of Flo                  |                    |                             |                   |
| SIGNATURE  | Signature, typed or printed name of registered agent and praction is eligible to satisfy its Intangible  | T   | Registered Agent signat                        |  | T   | DATE               |                             |                   |
| Tax filing requirement and elects to do so.  (See criteria on back)  After MAY 1, 2001  Make Check Payable |  |   | 11 Fee will be \$5                             | 550.00   | 10. Election Campaign Fir<br>Trust Fund Contributio |                    | <b>\$5.00</b><br>Added t    | May Be<br>to Fees |
| 11.  | OFFICERS AND DI  |   | 12.  | ΑC   | DITIONS/CHANGES TO OFF                              |                    | _                           |                   |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP  | D<br>LEYLAND, CLAUDETTE<br>8087 MONETARY DRIVE SUITE E7<br>RIVIERA BEACH FL 33404  | ☐ Delete  | TITLE NAME STREET ADDRESS CITY-ST-ZIP          | 12 lab   | ats lien<br>Bris Gardons                            | _                  | Change<br>US                | Addition          |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP  | D<br>LEYLAND, ALAN<br>8087 MONETARY DRIVE SUITE E7<br>RIVIERA BEACH FL 33404   | ☐ Delete  | TITLE NAME STREET ADDRESS CITY-ST-ZIP          | 12 Val   | Hoits Nun   | EL 330             | Change                      | Addition          |
| NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | D<br>CARROLL, CLAUDIA<br>8087 MONETARY DRIVE SUITE E7<br>RIVIERA BEACH FL 33404  | - ·□ Delete ~   | NAME STREET ADDRESS CITY-ST-ZIP                | 12 Val<br>Palm   | Wats Vien   | _                  | Change<br>Kls               | Addition -        |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP  | D<br>TAYLOR, ANDREA<br>8087 MONETARY DRIVE SUITE E7<br>RIVIERA BEACH FL 33404  | ☐ Delete  | TITLE NAME STREET ADDRESS CITY-ST-ZIP          | Andre  | a Ley lend  | Acas 1             | Change<br>FL 3              | Addition          |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP  |  | ☐ Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | 1,,,,,,  | IN TOK CIT  | <b>_</b>           | Change                      | Addition          |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP  |  | ☐ Delete  | TITLE NAME STREET ADDRESS CITY-ST-ZIP          |  |   |                    | Change                      | Addition          |
| indicated  | certify that the information supplied with the on this report or supplemental report is treporation or the receiver or trustee empower or on an attachment with an address, with | ue and accurate and that m                                      | y signature shall h                            | ave the same   | legal effect as if made under                       | oath; that I am ar | n officer o                 | or director       |

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**SIGNATURE:**