

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000060362

1. Entity Name

LAYRITE CONSTRUCTION, INC.

FILED

Apr 13, 2000 8:00 am  
Secretary of State

04-13-2000 90098 020 \*\*\*150.00

Principal Place of Business

4617 SUMMERWIND CT  
PLANT CITY FL 33567

Mailing Address

4617 SUMMERWIND CT  
PLANT CITY FL 33567-1221

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3534026

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

LUERA, MARY I  
220 W BRANDON BLVD STE 101  
BRANDON FL 33511

7. Name and Address of New Registered Agent

Name

DOROTHY HORNE

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

4617 Summerwind Ct.

Plant city

City

FL

Zip Code

33567

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

*Dorothy A Horne - President*

April 7, 00

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	P	<input type="checkbox"/> Delete
NAME	HORNE, DOROTHY	
STREET ADDRESS	4617 SUMMER WIND CT	
CITY-ST-ZIP	PLANT CITY FL 33567	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	RAULERSON, MARK	
STREET ADDRESS	2708 EAST BLOOMINGDALE	
CITY-ST-ZIP	VALRICO FL 33594	
TITLE	C	<input type="checkbox"/> Delete
NAME	HORNE, JAMES	
STREET ADDRESS	4617 SUMMERWIND CT	
CITY-ST-ZIP	PLANT CITY FL 33567	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

*Dorothy A Horne - President*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

April 7, 00 813-719-9549

CR2E034 (9/99)