

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000060362

1. Entity Name

LAYRITE CONSTRUCTION, INC.

FILED
Apr 06, 2001 8:00 am
Secretary of State

04-06-2001 90062 009 ***150.00

80026042



DO NOT WRITE IN THIS SPACE

Principal Place of Business
4617 SUMMERWIND CT
PLANT CITY FL 33567

Mailing Address
4617 SUMMERWIND CT
PLANT CITY FL 33567

2. Principal Place of Business
1311 Union Pacific DR
Suite, Apt. #, etc.

3. Mailing Address
1311 Union Pacific DR
Suite, Apt. #, etc.

City & State
Plant City Florida

City & State
Plant City Florida

Zip
33566

Country
USA

Zip
33566

Country
USA

4. FEI Number 59-3534026

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent
HORNE, DOROTHY
4617 SUMMERWIND CT
PLANT CITY FL 33567

7. Name and Address of New Registered Agent
Name
DOROTHY HORNE
Street Address (P.O. Box Number is Not Acceptable)
1311 Union Pacific Drive
City
Plant City Fla FL Zip Code
33566

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 Horne* DOROTHY HORNE - President Mar 16, 01
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, 2001 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	P	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HORNE, DOROTHY		NAME	1311 Union Pacific DR	
STREET ADDRESS	4617 SUMMER WIND CT		STREET ADDRESS	Plant City Fla. 33566	
CITY-ST-ZIP	PLANT CITY FL 33567		CITY-ST-ZIP		
TITLE	C	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HORNE, JAMES		NAME	1311 Union Pacific DR	
STREET ADDRESS	4617 SUMMERWIND CT		STREET ADDRESS	Plant City Fla. 33566	
CITY-ST-ZIP	PLANT CITY FL 33567		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

813-719-9549
813-707-1905
Mar 16, 01

Date

Daytime Phone #

CR2E034 (10/00)