

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000016960

1. Entity Name
LAYTON ENTERPRISES, INC.

Principal Place of Business

19705 GUNN HWY
ODESSA FL 33556

Mailing Address

19705 GUNN HWY
ODESSA FL 33556

2. Principal Place of Business

12610 HENDERSON RD.

3. Mailing Address

12610 HENDERSON RD.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

TAMPA, FL

City & State

TAMPA, FL

Zip

33625

Country

USA

Zip

33625

Country

USA

4. FEI Number

59-3566507

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

LAYTON, TIMOTHY R
19705 GUNN HWY
ODESSA FL 33556

7. Name and Address of New Registered Agent

Name

LAYTON, TIMOTHY R.

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

12610 HENDERSON RD.

City

TAMPA

FL

Zip Code

33625

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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 **PRESIDENT** ☐ Delete
NAME **TIMOTHY R. LAYTON**
STREET ADDRESS **12610 HENDERSON RD.**
CITY-ST-ZIP **TAMPA, FL 33625**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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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
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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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Aug 28, 2000 8:00 am
Secretary of State

08-28-2000 90034 050 ***550.00

A0074601



DO NOT WRITE IN THIS SPACE

CR2E034 (5/00)