

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 23, 2001 8:00 am**  
**Secretary of State**

03-23-2001 90004 034 \*\*\*150.00

**DOCUMENT # P99000040788**

1. Entity Name  
**KAYLAND PROPERTIES, INC.**

Principal Place of Business <b>151 REGIONS WAY, STE. 2-C                  DESTIN FL 32541</b>	Mailing Address <b>151 REGIONS WAY, STE. 2-C                  DESTIN FL 32541</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <b>651 Don Bishop Rd.</b> Suite, Apt. #, etc.	3. Mailing Address <b>651 Don Bishop Rd.</b> Suite, Apt. #, etc.
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City & State <b>Santa Rosa Beach, FL</b>	City & State <b>Santa Rosa Beach, FL</b>
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4. FEI Number <b>59-3576440</b>	Applied For <input type="checkbox"/> Not Applicable
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Zip <b>32459</b>	Country <b>USA</b>	Zip <b>32459</b>	Country <b>USA</b>
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent

**WILKS, AMELIA D**  
**151 REGIONS WAY, STE. 2-C**  
**DESTIN FL 32541**

7. Name and Address of New Registered Agent

Name  
**Wilks, Amelia D**

Street Address (P.O. Box Number is Not Acceptable)  
**651 Don Bishop Rd.**

City  
**Santa Rosa Beach**      **FL**      Zip Code  
**32459**

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 *Amelia D Wilks*      *Diane Wilks*      DATE 3/21/01

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD</b> <b>DAVIS, M.C.</b> <b>151 REGIONS WAY STE 2C</b> <b>DESTIN FL 32541</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>ST</b> <b>WILKS, AMELIA D</b> <b>151 REGIONS WAY STE 2C</b> <b>DESTIN FL 32541</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>651 Don Bishop Rd.</b> <b>Santa Rosa Beach, FL 32459</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>651 Don Bishop Rd.</b> <b>Santa Rosa Beach, FL 32459</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Diane Wilks*      3-21-01      850-267-4949

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #

CR2E034 (10/00)