2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000100838

1. Entity Name

NAYLOR ENTERPRISES, INC.



FILED Apr 22, 2003 8:00 am Secretary of State

04-22-2003 90069 006 ***150.00

						OD WE					
Principal Place of Business 1662 FOLKSTONE RD. TALLAHASSEE FL 32312				Mailing Address 1662 FOLKSTONE RD. TALLAHASSEE FL 32312							
2. Principal Place of Business			3. Mai	3. Mailing Address					I KORIKOON IND KANDO KOKKI AGIKI OOKKI OOKAA KARKI OOKKI DEHON TOTOO KIKEN HON TOODO		
Suite, Apt.	#, etc.	Suite	Suite, Apt. #, etc.					☐ CHECK HERE IF MAKING CHANGES			
City & State			City	City & State				4. F	FEI Number 59-3675160 Applied For Not Applicable		
Zip	Zip Country				Coun	Country		5. C	Certificate of Status Desired S8.75 Additional Fee Required		
	6. Name	and Address of Cur	rent Registere	d Agent				7. N	Name and Address of New Registered Agent		
			سي-سي-سي			_Name==					
NAYLOR, JEFFREY T 1662 FOLKSTONE RD.				<i>.</i>			Street Address (P.O. Box Number is Not Acceptable)				
TALLAHASSEE FL 32312											
				•		City			Zip Code		
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. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature provided agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE											
F	ILE NOW!!	! FEE IS \$150.00	1						9. Election Campaign Financing \$5.00 May Be		
		3 Fee will be \$550 Florida Departme							Trust Fund Contribution. Added to Fees		
10. OFFICERS AND DIRECTORS 11								AD	ODITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST NAYLOR, JEFFREY T 1662 FOLKSTONE RD TALLAHASSEE FL 32312			☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	IALLAIA	OLL 1 C 020 12		☐ Delete ·	TITLE NAM STRE	E			☐ Change ☐ Addition		
TITLE NAME				☐ Delete	TITLE				☐ Change ☐ Addition		
STREET ADDRESS CITY-ST-ZIP					STRE	ET ADDRESS -ST-ZIP					
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete					☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete					☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete					☐ Change ☐ Addition		
of the cor	poration or th	e information supplied t or supplemental rep ne receiver or trustee of achment with an addre	empowered to	execute this report	as requi	mption state ture shall ha red by Char	ed in Se ive the s oter 607	ction 1 ame le Floric	119.07(3)(i), Florida Statutes. I further certify that the information legal effect as if made under oath; that I am an officer or director ida Statutes; and that my name appears in Block 10 or Block 11 if		

SIGNATUR

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR/DIRECTOR

1/31/03

850-906-9757