

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 05, 2000 8:00 am
Secretary of State

02-05-2000 90018 050 ***150.00

DOCUMENT # S01607

1. Entity Name
KAYLANDCO, INC.

Principal Place of Business
**1201 US HWY 1
 SUITE 46
 N. PALM BEACH FL 33408
 US**

Mailing Address
**P.O. BOX 2987
 STUART FL 34995-2987
 US**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0303392**

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

7. Name and Address of New Registered Agent

**KUTAWSKI, ARTHUR C
 151 S.W. SOUTH RIVER DR.
 #103
 STUART FL 34995-2987**

Name **KUJAWSKI**
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** 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.

SIGNATURE *Arthur C. Kujawski, Pres*

DATE **2/2/00**

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!!! FEES \$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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **Pres** Delete **ST**
 NAME **KUJAWSKI, ARTHUR**
 STREET ADDRESS **151 S.W. SOUTH RIVER DR., #103**
 CITY-ST-ZIP **STUART FL 34997**

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 NAME ~~KUTAWSKI, ARTHUR C.~~
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 CITY-ST-ZIP

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 NAME **S/T KUJAWSKI, KRISTA M.**
 STREET ADDRESS **P.O. BOX 2987**
 CITY-ST-ZIP **STUART, FL 34995**

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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: *Arthur C. Kujawski, Pres* **2/2/00** **561-220-3212**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #