

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2002 8:00 am
Secretary of State

05-01-2002 91461 034 ***150.00

DOCUMENT # S02994

1. Entity Name
JAY LAING & ASSOCIATES, INC.

Principal Place of Business
114 MISTY FALLS DRIVE
ORMOND BEACH FL 32174
US

Mailing Address
114 MISTY FALLS DRIVE
ORMOND BEACH FL 32174
US

2. Principal Place of Business
19 LANDINGS LANE
 Suite, Apt. #, etc.

3. Mailing Address
19 LANDINGS LANE
 Suite, Apt. #, etc.

City & State
Ormond Beach FL
 Zip
32174
 Country
FLA Gator

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Ormond Beach FL
 Zip
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 Country
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4. FEI Number **65-0219832**

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

LAING, JAMES T.
114 MISTY FALLS DRIVE
ORMOND BEACH FL 32174

7. Name and Address of New Registered Agent

Name

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

19 LANDINGS LANE

City

Ormond Beach

FL

Zip Code

32174

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

4/16/02

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, 2002 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 **D**
 NAME **LAING, JAMES T.**
 STREET ADDRESS **114 MISTY FALLS DRIVE**
 CITY-ST-ZIP **ORMOND BEACH FL 32174**

☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition

NAME
 STREET ADDRESS
 CITY-ST-ZIP

19 LANDINGS LANE
Ormond Beach FL 32174

☐ Change ☐ Addition

TITLE
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 CITY-ST-ZIP

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/16/02 (561) 379-7508
 Date Daytime Phone #

CR2E034 (9/01)