

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 202540

1. Entity Name

HAYPIN, INC.

Principal Place of Business

1403 HWY. 98 WEST
PERRY FL 32347-4209

Mailing Address

1403 HWY. 98 WEST
PERRY FL 32347-4209

2. Principal Place of Business

3. Mailing Address

P O Box 1946

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

PERRY, FL

Zip

Country

Zip

32348

Country

FLOR

4. FEI Number

59-0953794

Applied For

Not Applicable

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

WYLLIE, BART D.
1403 HWY. 98 WEST
PERRY FL 32347

Name

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

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 \$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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PS
NAME WYLLIE, BART D.
STREET ADDRESS 1403 HWY. 98 WEST
CITY-ST-ZIP PERRY FL ☐ Delete

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE SD
NAME COX, PEGGY
STREET ADDRESS MAIN ST
CITY-ST-ZIP GILBERTOWN AL ☐ Delete

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VD
NAME LAVANDER, TOM
STREET ADDRESS 718 VICKSBURG DRIVE
CITY-ST-ZIP TUSCALOOSA AL ☐ Delete

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/28/01

Date

850-584-7884

Daytime Phone #

0611412

CR2E034 (10/00)

FILED
Mar 29, 2001 8:00 am
Secretary of State

03-29-2001 90410 006 ***150.00

D0029645



DO NOT WRITE IN THIS SPACE