

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 14, 2002 8:00 am**  
**Secretary of State**

05-14-2002 90314 045 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

<b>DOCUMENT #</b>	<b>289599</b>
<b>1. Entity Name</b> CXVI EAST HAINES CORPORATION	

<b>Principal Place of Business</b> 121 N. COLLINS STREET P.O. BOX 789 PLANT CITY FL 33564	<b>Mailing Address</b> 121 N. COLLINS STREET P.O. BOX 789 PLANT CITY FL 33564
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<b>2. Principal Place of Business</b>	<b>3. Mailing Address</b>
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Suite/Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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<b>4. FEI Number</b>	<b>59-1154374</b>	Applied For
		Not Applicable

<b>5. Certificate of Status Desired</b>	<input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
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<b>6. Name and Address of Current Registered Agent</b>	
TRINKLE, ROBERT S 121 N. COLLINS STREET PLANT CITY FL 34289	

<b>7. Name and Address of New Registered Agent</b>	
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.**

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

<b>9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.</b> (See criteria on back) <input type="checkbox"/>	<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2002 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>	<b>10. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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11. OFFICERS AND DIRECTORS	
<b>TITLE</b>	<b>PD</b> <input type="checkbox"/> Delete
<b>NAME</b>	MAYS JR, JAMES A
<b>STREET ADDRESS</b>	114 E HAINES ST
<b>CITY-ST-ZIP</b>	PLANT CITY FL 33566
<b>TITLE</b>	<b>VD</b> <input type="checkbox"/> Delete
<b>NAME</b>	MAYS, KIRK E
<b>STREET ADDRESS</b>	114 E HAINES ST
<b>CITY-ST-ZIP</b>	PLANT CITY FL
<b>TITLE</b>	<b>S</b> <input type="checkbox"/> Delete
<b>NAME</b>	TRINKLE, ROBERT S
<b>STREET ADDRESS</b>	121 N. COLLINS STREET
<b>CITY-ST-ZIP</b>	PLANT CITY FL
<b>TITLE</b>	<b>D</b> <input type="checkbox"/> Delete
<b>NAME</b>	TRINKLE, ROBERT S.
<b>STREET ADDRESS</b>	121 N. COLLINS STREET
<b>CITY-ST-ZIP</b>	PLANT CITY FL
<b>TITLE</b>	<input type="checkbox"/> Delete
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	<input type="checkbox"/> Delete
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	

**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.**

<b>SIGNATURE:</b>	<b>REQUIRED</b>	KIRK E. MAYS	4/24/02 (813) 719 91535
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	Daytime Phone #

CR2E034(9/01)