

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 28, 2002 8:00 am**  
**Secretary of State**

02-28-2002 90002 012 \*\*\*150.00

**DOCUMENT # 319146**

1. Entity Name  
**HAYCO INDUSTRIES, INC.**

Principal Place of Business

**3420 N.E. SUGARHILL AVE.  
 JENSEN BEACH FL 34957**

Mailing Address

**3420 N.E. SUGARHILL AVE.  
 JENSEN BEACH FL 34957**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

**38-1871057**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
 Fee Required**

6. Name and Address of Current Registered Agent

**CARPENTER, CHARLES V  
 3420 NE SUGARHILL AVE  
 JENSEN BEACH FL 34957**

7. Name and Address of New Registered Agent

Name **D.A. SCHERER**

Street Address **3420 NE SUGARHILL AVENUE**

City **Jensen Beach**

**FL**

Zip **34957**

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

*D.A. Scherer*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

*3-11-02*

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, 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 NAME	VT CARPENTER, CHARLES V	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	3420 NE SUGARHILL AVE	
CITY-ST-ZIP	JENSEN BCH FL	
TITLE NAME	S HAYDEN, A R	<input type="checkbox"/> Delete
STREET ADDRESS	3420 NE SUGARHILL AVE	
CITY-ST-ZIP	JENSEN BCH FL 34957	
TITLE NAME	AS D.A. SCHERER	<input type="checkbox"/> Delete
STREET ADDRESS	3420 NE SUGARHILL AVE	
CITY-ST-ZIP	JENSEN BCH FL	
TITLE NAME	AS HOWARD RICE	<input type="checkbox"/> Delete
STREET ADDRESS	4805 SOUTH OCEAN BLVD., UNIT 7D	
CITY-ST-ZIP	HIGHLAND BEACH FL	
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 an other like empowered.

SIGNATURE:

*D.A. Scherer*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)