

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 24, 2002 8:00 am**  
**Secretary of State**  
 05-24-2002 91270 028 \*\*\*150.00

**DOCUMENT # 357101**  
 1. Entity Name  
**HAYES, POWER AND ASSOCIATES, INC.**

Principal Place of Business Mailing Address  
**P.O. BOX 857217** **P.O. BOX 857217**  
**10878 SOUTH FEDERAL HIGHWAY** **10878 SOUTH FEDERAL HIGHWAY**  
**PORT ST. LUCIE FL 34985-7217** **PORT ST. LUCIE FL 34985-7217**

2. Principal Place of Business 3. Mailing Address  
**10778 So. U.S. #1** **P.O. Box 857217**  
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State  
**PORT ST LUCIE, FL** **PORT ST LUCIE, FL**  
 Zip Country Zip Country  
**34952** **USA** **34985-7217** **USA**

4. FEI Number **59-2100833** Applied For  
 Not Applicable

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

## 6. Name and Address of Current Registered Agent

**POWER, JAMES S**  
**10878 S. U.S. HWY #1**  
**PT ST. LUCIE FL 33485-4217**

*address  
 correction  
 only ->*

## 7. Name and Address of New Registered Agent

Name  
 Street Address (P.O. Box Number is Not Acceptable)  
**10778 So. U.S. #1**  
 City **PORT ST LUCIE,** **FL** Zip Code **34952**

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, 2002 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing ☐ **\$5.00** May Be  
 Trust Fund Contribution. Added to Fees

## 11. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
	<b>P</b>	<b>POWER, JAMES S</b>	<b>1225 N.W. 21 ST., #2701</b>	<b>STUART FL</b>
	<b>S</b>	<b>POWER, MARJORIE</b>	<b>1225 N.W. 21 ST., #2701</b>	<b>STUART FL</b>

## 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
		<b>RURAL RT 2, Box 809</b>	<b>GREEN MOUNTAIN, N.C. 28740</b>		
		<b>RURAL RT #2, Box 809</b>	<b>GREEN MOUNTAIN, N.C. 28740</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 title empowered.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**JAMES S. POWER**

**4/1/02** **772-335-4779**  
 Date Daytime Phone #

CR2E034 (9/01)