

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 22, 2001 8:00 am
Secretary of State

001171

DOCUMENT # **407851**

1. Entity Name
HAYNES, PETERS & BOND COMPANY, INC.

03-22-2001 90008 001 ***150.00

Principal Place of Business 1049 MAY ST JACKSONVILLE FL 32204	Mailing Address 1049 MAY ST JACKSONVILLE FL 32204
---	---

00027900

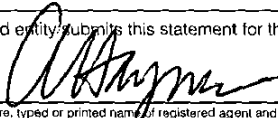


DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number 59-1411200		Applied For	
Suite, Apt. #, etc.		Suite, Apt. #, etc.				Not Applicable	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
Zip	Country	Zip	Country				

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
MAGEVNEY, HUGH M., III 1049 MAY ST. JACKSONVILLE FL 32204				Name CALDWELL L. HAYNES			
				Street Address (P.O. Box Number is Not Acceptable) 1049 MAY STREET			
				City JACKSONVILLE		FL	

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.

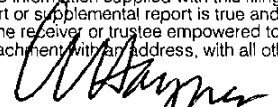
SIGNATURE  **Caldwell L. Haynes, President** 03/20/01

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) <input type="checkbox"/>	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. <input type="checkbox"/>	\$5.00 May Be Added to Fees
---	---	---	------------------------------------

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE VSD	<input type="checkbox"/> Delete	TITLE STD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME COPPOLA, JOHN R.		NAME JOHN. R. COPPOLA	
STREET ADDRESS 1049 MAY ST.		STREET ADDRESS 1049 MAY STREET	
CITY-ST-ZIP JACKSONVILLE FL		CITY-ST-ZIP JACKSONVILLE, FLORIDA 32204	
TITLE SVT	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME MAGEVNEY, HUGH M., III		NAME	
STREET ADDRESS 1049 MAY ST.		STREET ADDRESS	
CITY-ST-ZIP JACKSONVILLE FL		CITY-ST-ZIP	
TITLE PO	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME HAYNES, CALDWELL L.		NAME	
STREET ADDRESS 1049 MAY ST.		STREET ADDRESS	
CITY-ST-ZIP JACKSONVILLE FL		CITY-ST-ZIP	
TITLE D	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME MAGEVNEY, HUGH M., III		NAME	
STREET ADDRESS 1049 MAY ST.		STREET ADDRESS	
CITY-ST-ZIP JACKSONVILLE FL		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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:  **Caldwell L. Haynes, President** 03/20/01 (904) 358-1877

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CP2E034 (10/00)