

2000 UNIFORM BUSINESS REPORT (UBR)**FILED****May 01, 2000 08:00 AM**
Secretary of State**DOCUMENT # 635115**1. Entity Name
M.B. HAYES, INC.

Principal Place of Business

14034 N FLORIDA AVE

TAMPA
33613

FL

Mailing Address

14034 N FLORIDA AVE

TAMPA
33613

FL

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

59-1952358

Applied For

Not Applicable

5. Certificate of Status Desired

☐**\$8.75** Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

HAYES MICHAEL B
12805 NORTH 52ND STREETTAMPA FL
33617 US

7. Name and Address of New Registered Agent

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)

05/01/2000

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, 2000 Fee will be \$550.00
Make Check Payable to Department of State10. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME TD
KNAPP CHERI L
STREET ADDRESS 1503 N RIVER HILLS DR
CITY-ST-ZIP TEMPLE TERRACE FL 33617TITLE ☐ Delete
NAME DVS
KNAPP MARK A
STREET ADDRESS 1503 N RIVERHILLS DR
CITY-ST-ZIP TEMPLE TERRACE FL 33617TITLE ☐ Delete
NAME PD
HAYES MICHAEL B
STREET ADDRESS 12805 N. 52ND STREET
CITY-ST-ZIP TAMPA FLTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☒ Addition
NAME SEC
KITCHEN LONNIE A
STREET ADDRESS 7209 WAREHAM DRIVE
CITY-ST-ZIP TAMPA FL 33647TITLE ☒ Change ☐ Addition
NAME TRES
KITCHEN WILLIS M
STREET ADDRESS 15614 COCHESTER DRIVE
CITY-ST-ZIP TAMPA FL 33647TITLE ☒ Change ☐ Addition
NAME VP
POST JAMES H
STREET ADDRESS 18319 WAYNE ROAD
CITY-ST-ZIP ODESSA FL 33556TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ 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: LONNIE A. KITCHEN

SEC 05/01/2000