

2002 UNIFORM BUSINESS REPORT (UBR)

0006118 AT

DOCUMENT # **A96000000834**

1. Entity Name
HAYNES INVESTMENTS LTD.

FILED

02 APR 26 AM 11:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business
3404 HICKORYNUT ST.
JACKSONVILLE FL 32208

Mailing Address
3404 HICKORYNUT ST.
JACKSONVILLE FL 32208

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip **Country**

DUE BY MAY 1, 2002

4. FEI Number **59-3349912**

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

HAYNES, EZEKIEL JR
3404 HICKORYNUT ST.
JACKSONVILLE FL 32208

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

9. Capital Contributions as Shown on record. **\$960.00**

10. Amount of Capital Contributions in FLORIDA to date.

11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION

A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION

DOCUMENT #	HAYNES, EZEKIEL JR.
NAME	3404 HICKORYNUT ST.
STREET ADDRESS	JACKSONVILLE FL 32208
CITY-ST-ZIP	
DOCUMENT #	HAYNES, DOROTHY L
NAME	3404 HICKORYNUT ST.
STREET ADDRESS	JACKSONVILLE FL 32208
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDRESS CHANGES ONLY

STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	

14. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE: *Dorothy L. Haynes* **Dorothy L. Haynes** **04/22/02** **904-768-7795**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CR2E003 (9/01)