

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Jan 25, 2001 08:00 AM**
Secretary of State**DOCUMENT # F00000002204**1. Entity Name
HAINES CONSTRUCTION COMPANY

Principal Place of Business 4616 OIL PATCH DRIVE WOODWARD 73802	OK	Mailing Address 4616 OIL PATCH DRIVE WOODWARD 73802	OK
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2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number
76-0605500Applied For
Not Applicable5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

CAPITOL CORPORATE SERVICES, INC.
1333 N. DUVAL ST.**TALLAHASSEE** **FL**
32303 **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 _____ **01/25/2001**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE9. 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, 2001 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	VAS	<input type="checkbox"/> Delete
NAME	GORDON DANA A	
STREET ADDRESS	1360 POST OAK BLVD., SUITE 2100	
CITY-ST-ZIP	HOUSTON TX 77056	
TITLE	VASD	<input type="checkbox"/> Delete
NAME	JENSEN DERRICK A	
STREET ADDRESS	1360 POST OAK BLVD., SUITE 2100	
CITY-ST-ZIP	HOUSTON TX 77056	
TITLE	VASD	<input type="checkbox"/> Delete
NAME	HADDOX JAMES H	
STREET ADDRESS	1360 POST OAK BLVD., SUITE 2100	
CITY-ST-ZIP	HOUSTON TX 77056	
TITLE	VASD	<input type="checkbox"/> Delete
NAME	EASTMAN BRAD	
STREET ADDRESS	1360 POST OAK BLVD., SUITE 2100	
CITY-ST-ZIP	HOUSTON TX 77056	
TITLE	V	<input type="checkbox"/> Delete
NAME	HAINES DOUG	
STREET ADDRESS	4616 OIL PATCH DRIVE	
CITY-ST-ZIP	WOODWARD OK 73802	
TITLE	P	<input type="checkbox"/> Delete
NAME	HAINES BRAD	
STREET ADDRESS	4616 OIL PATCH DRIVE	
CITY-ST-ZIP	WOODWARD OK 73802	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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: Doug Haines

V

01/25/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)