

2002 UNIFORM BUSINESS REPORT (UBR)**FILED**
Feb 04, 2002 8:00 am
Secretary of State

02-04-2002 90032 044 ***150.00

DOCUMENT # F00000002204

1. Entity Name

HAINES CONSTRUCTION COMPANY

Principal Place of Business

**4616 OIL PATCH DRIVE
WOODWARD OK 73802**

Mailing Address

**4616 OIL PATCH DRIVE
WOODWARD OK 73802**

2. Principal Place of Business

4616 OIL PATCH DRIVE

3. Mailing Address

PO BOX 1583

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
WOODWARD OKCity & State
WOODWARD OKZip
73801Country
USAZip
73802Country
USA

4. FEI Number

76-0605500

Applied For

Not Applicable

5. 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**

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)

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 State10. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE **P** ☒ Delete
NAME **HAINES, BRAD**
STREET ADDRESS **4616 OIL PATCH DRIVE**
CITY-ST-ZIP **WOODWARD OK 73802**TITLE **V** ☐ Delete
NAME **HAINES, DOUG**
STREET ADDRESS **4616 OIL PATCH DRIVE**
CITY-ST-ZIP **WOODWARD OK 73802**TITLE **VASD** ☒ Delete
NAME **EASTMAN, BRAD**
STREET ADDRESS **1360 POST OAK BLVD., SUITE 2100**
CITY-ST-ZIP **HOUSTON TX 77056**TITLE **VASD** ☐ Delete
NAME **HADDOX, JAMES H**
STREET ADDRESS **1360 POST OAK BLVD., SUITE 2100**
CITY-ST-ZIP **HOUSTON TX 77056**TITLE **VASD** ☐ Delete
NAME **JENSEN, DERRICK A**
STREET ADDRESS **1360 POST OAK BLVD., SUITE 2100**
CITY-ST-ZIP **HOUSTON TX 77056**TITLE **VAS** ☐ Delete
NAME **GORDON, DANA A**
STREET ADDRESS **1360 POST OAK BLVD., SUITE 2100**
CITY-ST-ZIP **HOUSTON TX 77056**

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☐ Change ☒ Addition
NAME **WESTMORELAND, DOUG**
STREET ADDRESS **4616 OIL PATCH DRIVE**
CITY-ST-ZIP **WOODWARD OK 73801**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☒ Addition
NAME **ST PHILLIPS, JOHN T.**
STREET ADDRESS **4616 OIL PATCH DRIVE**
CITY-ST-ZIP **WOODWARD OK 73801**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☒ Change ☐ Addition
NAME **VASD GORDON, DANA A**
STREET ADDRESS **1360 POST OAK BLVD, STE 2100**
CITY-ST-ZIP **HOUSTON TX 77056**

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:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)