

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 18, 2003 8:00 am
Secretary of State

04-18-2003 90132 024 ***150.00

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DOCUMENT # G05275

1. Entity Name

BRIAN T. HAYES, P.A.



Principal Place of Business

% BRIAN T HAYES

~~245 EAST WASHINGTON STREET~~
MONTICELLO FL 32344

Mailing Address

~~245 E WASHINGTON ST~~

~~245 EAST WASHINGTON STREET~~
MONTICELLO FL 32344

US

2. Principal Place of Business

247 N. Jefferson St.

3. Mailing Address

P.O. Box 1275

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Monticello, FL

City & State

Monticello, FL

4. FEI Number

59-2222746

Applied For

Not Applicable

Zip

32344

Country

USA

Zip

32345

Country

USA

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

HAYES, BRIAN T

245 EAST WASHINGTON STREET
MONTICELLO FL 32344

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

247 N. Jefferson St.

City

Monticello

FL

Zip Code

32344

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution.

☐

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **PD** ☐ Delete
NAME **HAYES, BRIAN T**
STREET ADDRESS **245 E WASHINGTON ST**
CITY-ST-ZIP **MONTICELLO, FL 00000**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
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CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **Brian T. Hayes** ☒ Change ☐ Addition
NAME **- 247 N. Jefferson St.**
STREET ADDRESS **Monticello, FL 32344** **USA**
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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12. 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 10 or Block 11 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

4-9-13
Date

850 997 2015
Daytime Phone #

CR2E034 (10/02)