

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 23, 2002 8:00 am
Secretary of State

05-23-2002 90105 028 ***150.00

DOCUMENT # H16865

1. Entity Name
JOHN HAILE, P.A.

Principal Place of Business
119 U.S. 27 SOUTH
P.O. BOX 1200
LAKE PLACID FL 33852
US

Mailing Address
119 U.S. 27 SOUTH
P.O. BOX 1200
LAKE PLACID FL 33862
US

2. Principal Place of Business
220 Dal Hall Boulevard

3. Mailing Address
220 Dal Hall Boulevard

Suite, Apt. #, etc.
P.O. Box 1200

Suite, Apt. #, etc.
P.O. Box 1200

City & State
Lake Placid, FL

City & State
Lake Placid, FL

4. FEI Number **59-2514780**

Applied For
 Not Applicable

Zip Country
33852 US

Zip Country
33852 US

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

6. Name and Address of Current Registered Agent

HAILE, JOHN S.
719 LAKE CLAY DR., S.
LAKE PLACID FL 33852

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 _____ (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 State

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

11. OFFICERS AND DIRECTORS

TITLE **PSD** ☐ Delete
 NAME **HAILE, JOHN S.**
 STREET ADDRESS **719 LAKE CLAY DR.S.**
 CITY-ST-ZIP **LAKE PLACID FL**

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

12. ADDITIONAL OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☐ Change ☐ Addition
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 NAME
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 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:  **John S. Haile** **4-30-02** **(863)465-1902**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)