

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jul 11, 2002 8:00 am**  
**Secretary of State**

07-11-2002 90245 050 \*\*\*150.00

**DOCUMENT # H23120**

**1. Entity Name**  
**KERRY HAYES, INC.**

**Principal Place of Business**  
**2537 JENNIFER TERRACE**  
**PALM HARBOR FL 34685**

**Mailing Address**  
**2537 JENNIFER TERRACE**  
**PALM HARBOR FL 34685**



DO NOT WRITE IN THIS SPACE

**2. Principal Place of Business**

**3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

**4. FEI Number** **59-2449276**

Applied For  
 Not Applicable

Zip Country

Zip Country

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

**6. Name and Address of Current Registered Agent**

**7. Name and Address of New Registered Agent**

**HAYES, KERRY**  
**2537 JENNIFER TERRACE**  
**PALM HARBOR FL 34685**

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 State**

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

**11. OFFICERS AND DIRECTORS**

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD HAYES, KERRY 2537 JENNIFER TERRACE PALM HARBOR FL 34685	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

**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

*February 23, 2002 727-784-7081*  
 Daytime Phone #

CR2E034 (9/01)

**Kerry Hayes CMC**  
Certified Management Consultant  
2537 Jennifer Terrace  
Palm Harbor, Florida 34685  
727-784-7081  
Facsimile 727-784-7081

*Attachment  
D# H23120  
B0128801*

July 2, 2002

Attention: Reinstatement Section  
Florida Secretary of State  
Division of Corporations  
PO Box 6327  
Tallahassee, FL 32314

On February 23, 2002, I made a good faith effort to file the 2002 UBR on your website and pay the required fee. As shown on the attached, I paid and printed out what appeared to be the confirmation.

I now understand that this transaction did not go through for some reason despite my efforts to file properly. I am therefore attaching the completed filing and my check for \$150.

I would appreciate it if you would wave the penalty fee and reinstate my corporation. I do not know precisely why the transaction did not go through, but I do know that I attempted to file on February 23, 2002.

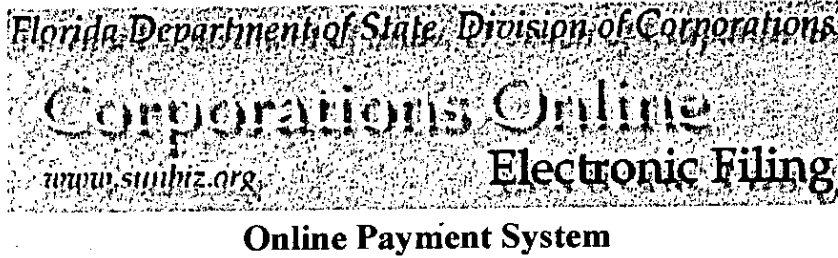
Thank you for your assistance in this matter. I would recommend that you make the website clearer as to what constitutes a confirmation to avoid these filing problems.

Sincerely,

*Kerry Hayes CMC*  
Kerry Hayes CMC

*Please note also that  
I have registered properly  
for many years.  
Thanks!*

Attachment  
# H23120  
B0128801



### Please Confirm Billing Information

Transaction Amount: **\$150.00**

Email Address: **khcmc@tampabay.rr.com**  
Billing Name: **KERRY HAYES**  
Billing Address: **2537 JENNIFER TERRACE**  
Billing City: **PALM HARBOR**  
Billing State: **FL**  
Billing Zip: **34685-**  
Billing Phone Number: **7277847081**

Payment Method: **AMEX**  
Credit Card Number: **372806379321003**  
Credit Card Expiration Date: **01/2005**

**Important Notice:** Clicking the "Pay Now" button below more than one time may result in multiple charges to your account. Please click on the "Pay Now" button only one time. Please be patient. Your order is being processed.

[Back](#)

[Pay Now](#)

Please note  
this date  
↓