

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # H95373

1. Entity Name

FUNDS/HAYS GRAPHIC DESIGN, INC.

FILED
Jan 31, 2001 8:00 am
Secretary of State

01-31-2001 90002 045 ***150.00

Principal Place of Business

Mailing Address

2901 W BUSCH BLVD
SUITE 406
TAMPA FL 33612
US

P O BOX 273775
TAMPA FL 33688
US

00010956



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

2901 W. BUSCH BLVD.

Suite, Apt. #, etc.

SUITE 406

City & State

TAMPA, FLORIDA

Zip

33618

Country

Zip

Country

4. FEI Number 59-2680894

Applied For

Not Applicable

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

FUNDS, WILLIAM K.
4438 SUMMER OAK DRIVE
TAMPA FL 33624

Name

FUNDS, WILLIAM K.

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

10002 HAMPTON PLACE

City

TAMPA

FL

Zip Code 33618

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, 2001 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P
NAME FUNDS, WILLIAM K.
STREET ADDRESS 10002 HAMPTON PLACE
CITY-ST-ZIP TAMPA FL 33618 ☐ Delete

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

TITLE V
NAME FUNDS, LAURA L.
STREET ADDRESS 10002 HAMPTON PLACE
CITY-ST-ZIP TAMPA FL 33618 ☐ Delete

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

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)